

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street)

320 FIRST STREET SE

☐Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00075820

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2009

through

01

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Keith A. Davis

Signature of Treasurer

Electronically Filed by Keith A. Davis

Date

08

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		857845.78
(b) Cash on Hand at Beginning of Reporting Period .....	857845.78	
(c) Total Receipts (from Line 19) .....	1631565.89	1631565.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2489411.67	2489411.67
7. Total Disbursements (from Line 31) .....	1347369.03	1347369.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1142042.64	1142042.64
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	6500000.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	1	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	346969.00	346969.00
(ii) Unitemized .....	824902.20	824902.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1171871.20	1171871.20
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	375000.00	375000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1546871.20	1546871.20
12. Transfers From Affiliated/Other Party Committees .....	45520.02	45520.02
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	39174.67	39174.67
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1631565.89	1631565.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1631565.89	1631565.89

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1331815.03	1331815.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1331815.03	1331815.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	20554.00	20554.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	-5000.00	-5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	15554.00	15554.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1347369.03	1347369.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1347369.03	1347369.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1546871.20	1546871.20
34. Total Contribution Refunds (from Line 28(d)) .....	15554.00	15554.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1531317.20	1531317.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1331815.03	1331815.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	39174.67	39174.67
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1292640.36	1292640.36

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: YE08SCHDC\_2

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
WACHOVIA NA

RATE IS LIBOR + 1.75%.

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code 22102

Election:

☐ Primary☒ General☐ Other (specify) ▼

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2D D  
0 3Y Y Y Y  
2 0 0 8

09/30/09

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

500000.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: PTGENSCHDC 1

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
WACHOVIA NA

RATE IS LIBOR + 1.75%.

Mailing Address 1753 PINNACLE DRIVE

City MCLEAN

State VA

ZIP Code 22102

Election:

☐ Primary☒ General☐ Other (specify) ▼

Original Amount of Loan

6000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 3Y Y Y Y  
2 0 0 8

09/30/09

0.0000

% (apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

6000000.00

**TOTALS** This Period (last page in this line only) ▶

6500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HABIB ABDIU

Mailing Address 1150 STATE ROAD 21

City

FRIENDSHIP

State

WI

Zip Code

53934-9725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
2113 CAFE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840283

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. IRENE ABRAHAMIK

Mailing Address 3396 N. MILWAUKEE AVENUE

City

CHICAGO

State

IL

Zip Code

60641-4006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POLE EXPORT INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853690

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MARY ABROE

Mailing Address 212 WOODINE AVENUE

City

WILMETTE

State

IL

Zip Code

60091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COLLEGE OF LAKE COUNTY

Occupation  
TEACHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856714

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2025.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. EBBY HALLIDAY ACERS

Mailing Address P.O. BOX 12348

City

DALLAS

State

TX

Zip Code

75225-0348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBBY HALLIDAY REALTY

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849407

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. EBBY HALLIDAY ACERS

Mailing Address P.O. BOX 12348

City

DALLAS

State

TX

Zip Code

75225-0348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBBY HALLIDAY REALTY

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12864666

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS EBBY HALLIDAY ACERS

Mailing Address 4455 SIGMA ROAD

City

DALLAS

State

TX

Zip Code

75244-4502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EBBY HALLIDAY, REALTORS

Occupation  
REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856785

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN ACQUISTO

Mailing Address 5700 STONERIDGE MALL RD.  
STE. 350

City State Zip Code  
PLEASANTON CA 94588-2849

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RRCS INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862078

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE A. ADAMS

Mailing Address P.O. BOX 2447

City State Zip Code  
MORGAN CITY LA 70381-2447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
O.G.A.S., L.L.C.

Occupation  
SALES/OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860554

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PELHAM E. ADAMS

Mailing Address 8225 S. BENNETT DRIVE

City State Zip Code  
COLUMBIA MO 65201-9549

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852676

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN J. ADAMS

Mailing Address 22927 OXNARD STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VISION QUEST GLASS INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862954

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. ADEE

Mailing Address P.O. BOX 368

City

BRUCE

State

SD

Zip Code

57220-0368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
BOOKKEEPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854416

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MOHAMMAD AFANEH

Mailing Address 4661 NW 31ST AVE

City

FORT LAUDERDALE

State

FL

Zip Code

33309-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICA PHARMACY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12852975

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN AHERN

Mailing Address 560 WILLOW RIDGE CIRCLE

City

PROSPER

State

TX

Zip Code

75078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation

SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861882

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL M. AKI

Mailing Address P.O. BOX 378

City

LAWAI

State

HI

Zip Code

96765-0378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAWAII PARTITION SYSTEMS

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845722

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BILL ALBERT

Mailing Address 780 N RESLER DR

City

EL PASO

State

TX

Zip Code

79912-7195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WRA CONSTRUCTION

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842663

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NICK M. ALBERTSON

Mailing Address 116 SEVENTY ACRE RD.

City

WEST REDDING

State

CT

Zip Code

06896-2706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861104

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. TIRSO J. ALDANA

Mailing Address PO BOX 219

City

ELLINGTON

State

MO

Zip Code

63638-0219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REYNOLDS COUNTY MEMORIAL  
HOSPITAL

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850160

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ALLAN ALEXANDER

Mailing Address 12416 66TH ST

City

LARGO

State

FL

Zip Code

33773-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALEXANDER MEDICAL GROUP  
LLC

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842666

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. LAURA J. ALLEN

Mailing Address 9924 SPIREHAVEN LANE

City

DALLAS

State

TX

Zip Code

75238-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRO BONO MEDIATOR

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857463

Amount of Each Receipt this Period

875.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LAURA J. ALLEN

Mailing Address 9924 SPIREHAVEN LANE

City

DALLAS

State

TX

Zip Code

75238-3466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRO BONO MEDIATOR

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12857762

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GERALDINE ALTERMAN

Mailing Address 2071 SERENITY WAY

City

COMMERCE TOWNSHIP

State

MI

Zip Code

48390-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859382

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VICKI B. ALVORD

Mailing Address 607 HERNDON PKWY

City

HERNDON

State

VA

Zip Code

20170-5489

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COOP CONSULTING LLC

Occupation

C E O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843992

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSH AMMONS

Mailing Address 1117 CHRISWOOD DRIVE

City

ABILENE

State

TX

Zip Code

79601-5529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860784

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY H. ANDERSEN

Mailing Address 1726 S 165 W

City

OREM

State

UT

Zip Code

84058-7450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857502

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WAYNE ASHBY

Mailing Address PO BOX 1928

City

PINEHURST

State

NC

Zip Code

28370-1928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855574

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. ASPINWALL

Mailing Address 4820 SPYGLASS DR

City

DALLAS

State

TX

Zip Code

75287-7425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WR STARKEY MORTGAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MORTGAGE BANKER

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12850528

Amount of Each Receipt this Period

509.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LINDA W. ATCHLEY

Mailing Address 2080 BOYDS CREEK HIGHWAY

City

SEVIERVILLE

State

TN

Zip Code

37876-0230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SELF-EMPLOYED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12840442

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1159.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DEAN G. AUTEN

Mailing Address 6122 ALTAMA AVE  
STE 5

City State Zip Code  
BRUNSWICK GA 31525-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTEN INSURANCE SERVICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842889

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DEAN G. AUTEN

Mailing Address 6122 ALTAMA AVE  
STE 5

City State Zip Code  
BRUNSWICK GA 31525-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTEN INSURANCE SERVICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861659

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DEAN G. AUTEN

Mailing Address 6122 ALTAMA AVE  
STE 5

City State Zip Code  
BRUNSWICK GA 31525-0538

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AUTEN INSURANCE SERVICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861661

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. GAYLE O. AVERYT

Mailing Address PO BOX 1365

City

COLUMBIA

State

SC

Zip Code

29202-1365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859535

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID L. AYERS

Mailing Address 209 WALLACE AVE

City

CHAMPAIGN

State

IL

Zip Code

61822-1335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHAMPAIGN GREEN INSPECOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843247

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LUKE BAER

Mailing Address 3S235 MULBERRY LN

City

GLEN ELLYN

State

IL

Zip Code

60137-7276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847039

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL BAKER

Mailing Address 30573 E. SUNSET DRIVE S.

City

REDLANDS

State

CA

Zip Code

92373-7340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849604

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL W. BALDWIN

Mailing Address 28470 AVENUE STANFORD  
SUITE 340

City

VALENCIA

State

CA

Zip Code

91355-0917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12839999

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DANIEL W. BALDWIN

Mailing Address 28470 AVENUE STANFORD  
SUITE 340

City

VALENCIA

State

CA

Zip Code

91355-0917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844584

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL W. BALDWIN

Mailing Address 28470 AVENUE STANFORD  
SUITE 340

City State Zip Code  
VALENCIA CA 91355-0917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848496

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. POLLY R. BALES

Mailing Address 1501 INVERNESS DRIVE  
APARTMENT 123

City State Zip Code  
LAWRENCE KS 66047-1834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854764

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. POLLY R. BALES

Mailing Address 1501 INVERNESS DRIVE  
APARTMENT 123

City State Zip Code  
LAWRENCE KS 66047-1834

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859416

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. BANOVEZ

Mailing Address 7 MILLER COURT

City

DEKALB

State

IL

Zip Code

60115-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846638

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. BANOVEZ

Mailing Address 7 MILLER COURT

City

DEKALB

State

IL

Zip Code

60115-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855063

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. BANOVEZ

Mailing Address 7 MILLER COURT

City

DEKALB

State

IL

Zip Code

60115-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855209

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CYRIL G. BARBACCIA

Mailing Address 5770 HARWOOD LANE

City

LOS GATOS

State

CA

Zip Code

95032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846669

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CYRIL G. BARBACCIA

Mailing Address 5770 HARWOOD LANE

City

LOS GATOS

State

CA

Zip Code

95032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858817

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT R. BARBER

Mailing Address 7668 GRANITE HALL AVE

City

RICHMOND

State

VA

Zip Code

23225-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BARBER MARTIN ADVERTISING,  
INC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12854741

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. SANDRA P. BARBER

Mailing Address 4840 POINT PLEASANT PIKE

City

DOYLESTOWN

State

PA

Zip Code

18902-9776

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EDISON MGMT. CO.

Occupation

INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12839087

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY BARGER

Mailing Address 301 CHELSEA RD

City

MONTICELLO

State

MN

Zip Code

55362-8430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUBURBAN MANUFACTURING IN-  
C.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848678

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FLAVIUS A. BARKER

Mailing Address 70 GLEN BARKER RD

City

DUNLAP

State

TN

Zip Code

37327-5613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FARMER

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855757

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

809.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD BARNHART

Mailing Address 7370 WALSH ROAD

City

MILLINGTON

State

TN

Zip Code

38053-6020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860498

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES BARTELS

Mailing Address 3201 TAM O. SHANTER DRIVE

City

HAYS

State

KS

Zip Code

67601-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859396

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DOUGLAS BATZ

Mailing Address 1561 240TH ST

City

LYTTON

State

IA

Zip Code

50561-7509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857339

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1109.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL BAUMANN

Mailing Address 25 EASTFIELD DRIVE

City

ROLLING HILLS

State

CA

Zip Code

90274-5251

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841485

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D. BAYLESS

Mailing Address 501 W. WOODARD STREET

City

DENISON

State

TX

Zip Code

75020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847655

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RONALD BAYLISS

Mailing Address 26421 PINE CONE DRIVE  
# 3C

City

MILLSBORO

State

DE

Zip Code

19966-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SPRAY DRYING SYSTEMS INC.

Occupation

CHEMICAL ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857352

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. BECK

Mailing Address 9127 FAWN LAKE DR

City

INDIANAPOLIS

State

IN

Zip Code

46278-9778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TD BECK ENTERPRISES INC.

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843248

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES BECKER

Mailing Address 1602 VAN DITTIE DRIVE

City

GARDEN CITY

State

KS

Zip Code

67846-6926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846627

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE F. BENNETT

Mailing Address 712 MAIN STREET

City

HINGHAM

State

MA

Zip Code

02043-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851881

Amount of Each Receipt this Period

1650.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FREDERIC BENNING

Mailing Address 18135 VINTAGE STREET

City

NORTHRIDGE

State

CA

Zip Code

91325-1052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850264

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALLEN D. BERRY, JR.

Mailing Address 2100 S. BERRYS CHAPEL ROAD

City

FRANKLIN

State

TN

Zip Code

37069-8302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864386

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM E. BESUDEN

Mailing Address 126 BENTLEY VILLAGE COURT

City

NAPLES

State

FL

Zip Code

34110-8084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840299

Amount of Each Receipt this Period

509.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1059.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. MARY G. BIRD

Mailing Address 8827 LA ENTRADA AVENUE

City

WHITTIER

State

CA

Zip Code

90605-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846652

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY G. BIRD

Mailing Address 8827 LA ENTRADA AVENUE

City

WHITTIER

State

CA

Zip Code

90605-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863377

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARIANA BLAGOEV

Mailing Address 1145 BORDENTOWN AVE.  
SUITE 7

City

PARLIN

State

NJ

Zip Code

08859-1851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARIANA BLAGOEV, DDS

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12862288

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT N. BLOCH

Mailing Address 2714 DIVISADERO STREET

City

SAN FRANCISCO

State

CA

Zip Code

94123-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853681

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STANLEY M. BOCKEWITZ

Mailing Address 11 WAUNEE EST

City

KEWANEE

State

IL

Zip Code

61443-8915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846608

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN R. BOLLING

Mailing Address PO BOX 4300

City

WILMINGTON

State

DE

Zip Code

19807-0300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859159

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SIMON M. BOURNE

Mailing Address 2351 COMANCHE CT

City

NORCO

State

CA

Zip Code

92860-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SYNETICS SYSTEMS ENGINEER-  
ING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843226

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. C. A. BOYD

Mailing Address P.O. BOX 00

City

LIVINGSTON

State

AL

Zip Code

35470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851870

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY W. BRADFORD

Mailing Address 6070 ZION CHURCH RD

City

CONCORD

State

NC

Zip Code

28025-7057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CRISS CREATIVE INFORMATION  
SYSTEMS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847804

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. BRADY

Mailing Address 112 E. PECAN STREET  
SUITE 1800

City State Zip Code  
SAN ANTONIO TX 78205-1521

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864725

Amount of Each Receipt this Period

377.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK BRASHER

Mailing Address 2900 OBRIEN ROAD

City State Zip Code  
CEDAR GROVE TN 38321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEEKLY PAY AUTO SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847807

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. WILLIAM T. BRAUN, III

Mailing Address 8519 SHANNON WAY

City State Zip Code  
WICHITA KS 67206-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863047

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1627.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN L. BREAREY

Mailing Address 203 RUDOLPH DRIVE

City

BEAUFORT

State

NC

Zip Code

28516-9402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.P.S.

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12841973

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN L. BREAREY

Mailing Address 203 RUDOLPH DRIVE

City

BEAUFORT

State

NC

Zip Code

28516-9402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.P.S.

Occupation  
PILOT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842790

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VINCENT J. BRENNAN

Mailing Address 745 CHERRY GROVE ROAD

City

ORANGE PARK

State

FL

Zip Code

32073

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844638

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM W. BRESNAHAN

Mailing Address 7838 SPRING LAKE LN

City

CANFIELD

State

OH

Zip Code

44406-9108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HYNES INDUSTRIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861049

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEOFFREY BREWSTER

Mailing Address 6453 E. STALLION ROAD

City

PARADISE VLY

State

AZ

Zip Code

85253-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845953

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. BROCK

Mailing Address 15 E. 5TH STREET  
SUITE 2210

City

TULSA

State

OK

Zip Code

74103-4319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852303

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 35 / 342

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. GEORGETTE BROWN

Mailing Address 420 HILL TOP DRIVE

City

GRANTS PASS

State

OR

Zip Code

97527-5379

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855483

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BEN M. BRUCKNER, JR.

Mailing Address 2412 TECKLA BLVD

City

AMARILLO

State

TX

Zip Code

79106-6023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRUCKNER TRUCK SALES INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847741

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ANDREA B. BRYANT

Mailing Address 108 N. BARSTOW STREET

City

WAUKESHA

State

WI

Zip Code

53186-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851418

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ANDREA B. BRYANT

Mailing Address 108 N. BARSTOW STREET

City

WAUKESHA

State

WI

Zip Code

53186-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852657

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBERT D. BUCHANAN

Mailing Address 4751 EAGLERIDGE CIRCLE  
APARTMENT 108

City

PUEBLO

State

CO

Zip Code

81008-2123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860547

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLAUDE P. BURCH

Mailing Address 1141 SHREVEPORT BARKSDALE HWY

City

SHREVEPORT

State

LA

Zip Code

71105-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GUY'S ACADEMY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843215

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RUDOLF BURCH

Mailing Address 19313 OLYMPIA STREET

City

NORTHRIDGE

State

CA

Zip Code

91326-2948

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846594

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. H.WILLIAM BURGESS

Mailing Address 2299C ROUND TOP DR

City

HONOLULU

State

HI

Zip Code

96822-2057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843985

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JEFFREY B. BURNETTE

Mailing Address 116 N. HAVEN DRIVE

City

MACON

State

GA

Zip Code

31210-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U.S. GOVT.

Occupation

GOVERNMENT EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854226

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

759.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JULIAN R. BURNS

Mailing Address P.O. BOX 691180

City

CHARLOTTE

State

NC

Zip Code

28227-8443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QUALITY POWER SOLUTIONS  
INC.

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841769

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN E. BURROWS

Mailing Address 1030 S. BRADY AVENUE

City

NEWTON

State

NC

Zip Code

28658-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854552

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS F. BURT

Mailing Address 46780 ROCKHILL ROAD EXT

City

BAY MINETTE

State

AL

Zip Code

36507-7248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850221

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G. BUSH

Mailing Address 3062 BAY VIEW DR

City

GREEN BAY

State

WI

Zip Code

54311-5908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850198

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. NONA A. BUTTERWORTH

Mailing Address 182 IRVING PLACE

City

BASKING RIDGE

State

NJ

Zip Code

07920-3083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848602

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MANNY D. BUZZELL

Mailing Address 6105 JOHNSON CHAPEL ROAD

City

BRENTWOOD

State

TN

Zip Code

37027-5720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIS FABER NORTH AMERICAOccupation  
REINSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851957

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL C. CABOT

Mailing Address 828 SOUTH ST

City

NEEDHAM

State

MA

Zip Code

02492-2781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843246

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA L. CALVIN

Mailing Address 839 BRIGHT STAR STREET

City

THOUSAND OAKS

State

CA

Zip Code

91360-1004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALRICHWELL CORP. INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843981

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. CAMP, JR.

Mailing Address 2532 SW 50TH BLVD.

City

GAINESVILLE

State

FL

Zip Code

32608-3977

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846005

Amount of Each Receipt this Period

305.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DEBORAH A. CANNAN

Mailing Address PO BOX 4206

City

BRYAN

State

TX

Zip Code

77805-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WINEGLASS DASH, LLC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843235

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LORENZO CAPUTO

Mailing Address 11025 CAROLINA PLACE PKWY

City

PINEVILLE

State

NC

Zip Code

28134-8399

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEWELRY & WATCH DOCTOR

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BERNARDO CARDENAL

Mailing Address 900 LINTON BLVD STE 102

City

DELRAY BEACH

State

FL

Zip Code

33444-8165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROCAMAR ENGINEERING SERVI-  
CES INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847805

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN CARMON

Mailing Address 807 BLOOMFIELD AVE

City

WINDSOR

State

CT

Zip Code

06095-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARMON FUNERAL HOMES, INC.

Occupation

FUNERAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847044

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DENISE B. CARRIGAN

Mailing Address PO BOX 853

City

SAINT CHARLES

State

MO

Zip Code

63302-0853

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARRIGAN ASSOCIATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846347

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. J. O. CARROLL

Mailing Address 113 LOGAN RD

City

NEW CANAAN

State

CT

Zip Code

06840-2104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858393

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WOODRUFF L. CARROLL

Mailing Address 441 S. SALINA STREET

City

SYRACUSE

State

NY

Zip Code

13202-2405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863016

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN B. CARRUTHERS

Mailing Address 400 OAK DRIVE

City

CINCINNATI

State

OH

Zip Code

45246-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858446

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R. CASSIDY

Mailing Address P.O. BOX 6817

City

HOLLISTON

State

MA

Zip Code

01746-6817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWN OF HOLLISTON

Occupation

FIRE CHIEF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840124

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL W. CASTLE, SR.

Mailing Address PO BOX 1377

City

LIVINGSTON

State

AL

Zip Code

35470-1377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROGRESSIVE PIPELINE INC.Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843413

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TSE C. CHANG

Mailing Address 2975 PEACHTREE RD NE

City

ATLANTA

State

GA

Zip Code

30305-2155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPIRE WORLD TRADING INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TSE C. CHANG

Mailing Address 2975 PEACHTREE RD NE

City

ATLANTA

State

GA

Zip Code

30305-2155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPIRE WORLD TRADING INC.Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843962

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. JACK M. CHAPMAN, JR.

Mailing Address 4567 CROOKED CREEK RD

City

GAINESVILLE

State

GA

Zip Code

30506-5119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848737

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LAURA S. CHENEY

Mailing Address P.O. BOX 1157

City

WHITE SALMON

State

WA

Zip Code

98672-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849874

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. NEIL CHRISTMAN

Mailing Address 5995 W ANDECHS SMT

City

DULUTH

State

GA

Zip Code

30097-6407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849620

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DORIS CLARK

Mailing Address 81 W. 5TH AVENUE

City

EVERETT

State

PA

Zip Code

15537-1368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12841950

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER W. CLEMENTS

Mailing Address PO BOX 27506

City

TUCSON

State

AZ

Zip Code

85726-7506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GOLDEN EAGLE DISTRIBUTORS  
INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SALES EXECUTIVE

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12859250

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GRACE M. CLENDENIN

Mailing Address 4279 BRIDGELANE PL

City

NEW ALBANY

State

OH

Zip Code

43054-7056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

RETIRED

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859844

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

918.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVE A. CLOUD

Mailing Address 1020 E 19TH ST N

City

WICHITA

State

KS

Zip Code

67214-1434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRAMCO INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843218

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. TIMOTHY COLE

Mailing Address 415 S 28TH AVE

City

HATTIESBURG

State

MS

Zip Code

39401-7246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HATTIESBURG CLINIC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846339

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. SUZANNE B. COMBS

Mailing Address 6427 N EWING ST

City

INDIANAPOLIS

State

IN

Zip Code

46220-4425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMGI

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859804

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

759.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAN L. CONNOLLY

Mailing Address 855 CIVIC CENTER DR STE 8

City

SANTA CLARA

State

CA

Zip Code

95050-3962

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARMED COURIER SERVICE

Occupation

C E O

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861735

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RANDOLPH L. COPELAND

Mailing Address 1609 REDROCK DRIVE

City

GALLUP

State

NM

Zip Code

87301-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IHS/PHS

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12840467

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDOLPH L. COPELAND

Mailing Address 1609 REDROCK DRIVE

City

GALLUP

State

NM

Zip Code

87301-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IHS/PHS

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848034

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

800.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DON K. CORNELIUS

Mailing Address PO BOX 366

City

CELINA

State

TX

Zip Code

75009-0366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BOB MILLARD

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848686

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHERRY CORSON

Mailing Address 617 W HORATIO ST

City

TAMPA

State

FL

Zip Code

33606-2282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H & R BLOCK

Occupation

OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847733

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DALE COWLES

Mailing Address 3018 142ND PLACE NE

City

BELLEVUE

State

WA

Zip Code

98007-3252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852176

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS R. COX, III

Mailing Address 2603 OAK LAWN AVE  
STE 230

City	State	Zip Code
DALLAS	TX	75219-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THOMAS R. COX III LAW OFF-  
ICESOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	0	9

Transaction ID: SA11.12843236

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TOBIAS COY

Mailing Address 125 WHITE STORK DRIVE

City	State	Zip Code
SLIDELL	LA	70461-3207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Transaction ID: SA11.12849426

Amount of Each Receipt this Period

409.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MOLLY M. CROWLEY

Mailing Address 55 HAZEL LANE

City	State	Zip Code
PIEDMONT	CA	94611-4032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	0	9

Transaction ID: SA11.12851774

Amount of Each Receipt this Period

600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1309.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. REID T. CULBERSON

Mailing Address 4708 SE MIZNER PLACE

City

STUART

State

FL

Zip Code

34997-2173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851978

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH M. CULHANE

Mailing Address 8909 WEXFORD STREET

City

SAN ANTONIO

State

TX

Zip Code

78217-4129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858844

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. CURTIS

Mailing Address 3895 NATURE TRL

City

RENO

State

NV

Zip Code

89511-9302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854819

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

915.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GHOLI F. DAREHSHORI

Mailing Address 2402 PALM RIDGE ROAD

City

SANIBEL

State

FL

Zip Code

33957-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855157

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. JOANNE D. DAVIS

Mailing Address 2121 KIRBY DRIVE  
UNIT 144

City

HOUSTON

State

TX

Zip Code

77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845736

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM DAVIS

Mailing Address 2375 CHAMPIONS BLVD

City

AUBURN

State

AL

Zip Code

36830-6471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847148

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA A. DE GRAW

Mailing Address PO BOX 448

City

JULIAN

State

CA

Zip Code

92036-0448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PETER POND PARK

Occupation

ASSISTANT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844141

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. BARBARA A. DE GRAW

Mailing Address PO BOX 448

City

JULIAN

State

CA

Zip Code

92036-0448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PETER POND PARK

Occupation

ASSISTANT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853909

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES E. DECRANE

Mailing Address PO BOX 4807

City

MONROE

State

LA

Zip Code

71211-4807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CUSTOM EQUIPMENT DESIGN  
INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848740

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JACK P. DELANEY

Mailing Address 1270 HILBISH AVENUE

City

AKRON

State

OH

Zip Code

44312-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
G. D. S. EXP. INC.Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848275

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. DEMETRIUS

Mailing Address 39 WEINMANN BLVD

City

WAYNE

State

NJ

Zip Code

07470-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEMETRIUS & COMPANY LLCOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843228

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SANDRA R. DEN UJL

Mailing Address 1601 ARYANA DR

City

ENCINITAS

State

CA

Zip Code

92024-1294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12853051

Amount of Each Receipt this Period

209.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1009.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A. DI FILIPPO

Mailing Address 7 TOFT WOODS WAY

City

MEDIA

State

PA

Zip Code

19063-4335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACKAGING TECHNOLOGIES

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864309

Amount of Each Receipt this Period

409.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA DICKERSON

Mailing Address 201 MYHR GRN

City

NASHVILLE

State

TN

Zip Code

37221-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854892

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. HENRY A. DIEDERICHS

Mailing Address 252 N. BROADMOOR BLVD.

City

SPRINGFIELD

State

OH

Zip Code

45504-1120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848660

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1109.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CHARLOTTE DIETRICH

Mailing Address 1511 WOODCHASE BLVD

City

BATON ROUGE

State

LA

Zip Code

70808-5230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE ADMINISTRATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12848638

Amount of Each Receipt this Period

409.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD C. DIETZ

Mailing Address 24718 FARADAY

City

SAN ANTONIO

State

TX

Zip Code

78257-1371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851729

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT J. DIETZ

Mailing Address 2001 UNION ST

City

SAN FRANCISCO

State

CA

Zip Code

94123-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844567

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1409.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA DIFRANZA

Mailing Address 5366 VENTANA PARKWAY

City

RENO

State

NV

Zip Code

89511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861791

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

PASTOR CLAYTON DILTZ

Mailing Address 4611 W ALLEN AVE

City

VISALIA

State

CA

Zip Code

93291-7875

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KALEO

Occupation

CLERGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12839083

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. DINKEL

Mailing Address 4790 POWDERHORN DRIVE

City

CINCINNATI

State

OH

Zip Code

45244-1223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALL SAINTS LUTHERAN CHURCH

Occupation

MINISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842528

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

759.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

HON. JOSEPH J. DIOGUARDI

Mailing Address 1607 EAGLE BAY DRIVE

City

OSSINING

State

NY

Zip Code

10562-2362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840131

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. KATHERYN R. DODSON

Mailing Address 16940 BAY ST APT 303  
APT. 303

City

JUPITER

State

FL

Zip Code

33477-1207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842630

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. DOLLEY

Mailing Address P.O. BOX 444

City

TUSTIN

State

CA

Zip Code

92781-0444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEASIDE RANCHO

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854440

Amount of Each Receipt this Period

220.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

970.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. J. ROBERT DOODY

Mailing Address 42 CROSS CREEK DR

City

BIRMINGHAM

State

AL

Zip Code

35213-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12856552

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. J. ROBERT DOODY

Mailing Address 42 CROSS CREEK DR

City

BIRMINGHAM

State

AL

Zip Code

35213-2319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12856553

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. DOSHER

Mailing Address 10110 DEL MONTE DRIVE

City

HOUSTON

State

TX

Zip Code

77042-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851679

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DALE W. DOSS

Mailing Address 1636 WOODGATE WAY

City

TALLAHASSEE

State

FL

Zip Code

32308-0530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854635

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LOUISE O. DOUGHERTY

Mailing Address 304 ARLINGTON DRIVE

City

PASADENA

State

CA

Zip Code

91105-3335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859365

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. FRANK L. DOUGLAS

Mailing Address 50 MEEKER ROAD

City

BASKING RIDGE

State

NJ

Zip Code

07920-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYEDOccupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853357

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1550.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TIM W. DRISKILL

Mailing Address 406 S. BOULDER AVENUE  
SUITE 600

City State Zip Code  
TULSA OK 74103-7718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JOE WEST COMPANY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840157

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FREEMAN B. DUNN

Mailing Address P.O. BOX 7927

City State Zip Code  
HOUSTON TX 77270-7927

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845704

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP DURAN

Mailing Address 947 E. LEMON AVENUE

City State Zip Code  
GLENDDORA CA 91741-3614

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12839082

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1059.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBIN A. DURNI

Mailing Address 147 BRANDON TERRACE

City

ALBANY

State

NY

Zip Code

12203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINETIC CARE INC.

Occupation

DISTRIBUTION/SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843965

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LARRY DWIGHT

Mailing Address 46 PARSONS BEACH ROAD

City

KENNEBUNK

State

ME

Zip Code

04043-7433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848216

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. EARL

Mailing Address 1227 SWANSTON DRIVE

City

SACRAMENTO

State

CA

Zip Code

95818-3413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EARL CONSULTING

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12842111

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICKY H. EARLY

Mailing Address 2010 ROSS CLARK CIRCLE

City

DOTHAN

State

AL

Zip Code

36301-5746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RT. I MEDICAL SYSTEMS INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855195

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. EBERHARD

Mailing Address 9449 N MANTIS WAY

City

TUCSON

State

AZ

Zip Code

85742-8357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFOLINK SCREENING

Occupation  
CHIEF INFORMATION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850243

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OSCAR ECHEMENDIA

Mailing Address P.O. BOX 361019

City

SAN JUAN

State

PR

Zip Code

00936-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858475

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK A. ELDRIDGE

Mailing Address 23 VENETIAN DRIVE

City

CLEAR LAKE

State

IA

Zip Code

50428-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FINANCIAL FREEDOM CONTROLS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: SA11.12863174

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

CAPT. JAMES ELKINS

Mailing Address 180 SWEET GUM DR

City

ATHENS

State

GA

Zip Code

30605-3334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	0	9

Transaction ID: SA11.12855830

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARY ELLERMAN

Mailing Address 550 E 32ND ST STE 2

City

YUMA

State

AZ

Zip Code

85365-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I N C BUILDERS INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	0	9

Transaction ID: SA11.12846357

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CARL W. ELLIS

Mailing Address 181 CALLA AVENUE

City

IMPERIAL BCH

State

CA

Zip Code

91932-1003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856482

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MARK E. ENGLISH

Mailing Address 800 SLASHPINE COURT

City

NAPLES

State

FL

Zip Code

34108-8206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORGAN STANLEY

Occupation  
BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846197

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD M. EPLEY

Mailing Address 3715 BARDSTOWN ROAD  
SUITE 410

City

LOUISVILLE

State

KY

Zip Code

40218-2252

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENTUCKY DRIVING SCHOOL

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840075

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. ERICKSON

Mailing Address P.O. BOX 25907

City

FAYETTEVILLE

State

NC

Zip Code

28314-5015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851975

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAL W. ERKS

Mailing Address 2349 15TH STREET NW  
HARBON MONTESSORI SCHOOL

City

NEW BRIGHTON

State

MN

Zip Code

55112-5506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARBON MONTESSORI SCHOOL

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864289

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. FRED ERMEL

Mailing Address 11719 LAKE HOUSE DRIVE

City

NORTH PALM BEACH

State

FL

Zip Code

33408-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848238

Amount of Each Receipt this Period

409.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1209.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 342

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. FLORENCE M. FALVEY

Mailing Address 52101 FURROW DR

City

SOUTH BEND

State

IN

Zip Code

46637-4360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857499

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GEORGE A. FARBER, SR.

Mailing Address 3705 FLORIDA AVENUE

City

KENNER

State

LA

Zip Code

70065-3031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KENNER DERMATOLOGYOccupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848738

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD A. FATH

Mailing Address 6039 ROSEMARY LANE

City

CEDAR BLUFF

State

AL

Zip Code

35959-5124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTSOccupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858286

Amount of Each Receipt this Period

209.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

3009.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY H. FEASTER

Mailing Address 118 FALLING WATER DRIVE

City

BRANDON

State

FL

Zip Code

33511-7858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
ATTORNEY

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12841934

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. FENNELL

Mailing Address 1701 W BRISTOL HOLLOW RD

City

DUNLAP

State

IL

Zip Code

61525-9156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHILLICOTHE METAL CO.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
PRESIDENT

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850220

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES A. FERGUSON, II

Mailing Address PO BOX 6608

City

NEWPORT NEWS

State

VA

Zip Code

23606-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854596

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1859.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LISA H. FIERSTEIN

Mailing Address 1 E. WALINCA WALK

City

SAINT LOUIS

State

MO

Zip Code

63105-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856441

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. GLORIA FINK

Mailing Address 1107 CABRIOLET BLVD.

City

AUBURN

State

IN

Zip Code

46706-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856935

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND N. FINK

Mailing Address P.O. BOX 134

City

WILLIAMSTON

State

MI

Zip Code

48895-0134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846659

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN L. FINLEY

Mailing Address 6937 COZUMEL COURT  
UNIT N7

City State Zip Code  
LAND O. LAKES FL 34637-7812

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUCK FINLEY MUSIC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12846385

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. FIORE

Mailing Address 10 PHAETONS DRIVE

City State Zip Code  
MELVILLE NY 11747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
H.C.A.S., INCORPORATED

Occupation  
PRES / CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861919

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. WENDY BARRETT FLEMING

Mailing Address 19 E. 7TH STREET

City State Zip Code  
NEW YORK NY 10003-8007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE VILLAGE SCANDAL

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843025

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR. BILL FLETMEYER

Mailing Address 205 AVENUE I  
STE 1

City State Zip Code  
REDONDO BEACH CA 90277-5619

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PAR MARKETING

Occupation  
SALES MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843207

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MRS. ANNE S. FLORANCE

Mailing Address 7 CHEROKEE ROAD NW

City State Zip Code  
ATLANTA GA 30305-2914

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862971

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MR. IAN G. FORBES-WATKINS

Mailing Address 7801 E. CHARTER OAK ROAD

City State Zip Code  
SCOTTSDALE AZ 85260-4855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845967

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS A. FORCHIONE

Mailing Address 9897 HIGHLAND DRIVE

City

BRECKSVILLE

State

OH

Zip Code

44141-3158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CLINICAL TECHNOLOGY INC.

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840122

Amount of Each Receipt this Period

750.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOUISE FORMATO

Mailing Address 77 7TH AVENUE  
APARTMENT 21C

City

NEW YORK

State

NY

Zip Code

10011-6645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846584

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. FOTINO

Mailing Address PO BOX 14

City

SADDLE RIVER

State

NJ

Zip Code

07458-0014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NAPD

Occupation  
PRESIDENT / CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860781

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1509.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. STEVEN FRANCO

Mailing Address 1861 41ST ST

City

ASTORIA

State

NY

Zip Code

11105-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPERIAL SANITATION CORP

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844555

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GERALDINE F. FRANKFORT

Mailing Address 1178 MARIE AVENUE

City

EPHRATA

State

PA

Zip Code

17522-1524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841520

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LYNN K. FRANK

Mailing Address 10183 NW 74TH AVE

City

GRIMES

State

IA

Zip Code

50111-8750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857421

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PETER J. FRASSO

Mailing Address 22 SWEENEY RIDGE ROAD

City

BEDFORD

State

MA

Zip Code

01730-1298

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BROOKS AUTOMATION

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840047

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY L. FRY

Mailing Address 12340 S PFLUMM RD

City

OLATHE

State

KS

Zip Code

66062-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855566

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA GANDY

Mailing Address 3650 TRIPLE BEND RD

City

COLLEGE STA

State

TX

Zip Code

77845-8254

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEST WING AIRLINES

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855572

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

709.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PEGGY W. GARNER

Mailing Address 218 DIANE DR

City

MADISON

State

TN

Zip Code

37115-2564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IB COMMERCIAL PARK LLC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12862291

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ARNOLD GARRISON

Mailing Address 181 PINE RIDGE ROAD

City

WABAN

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858289

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY L. GAY

Mailing Address 100 MEADOW AVENUE

City

EAST PEORIA

State

IL

Zip Code

61611-2884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PSG COSMETOLOGY INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854640

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JOAN GERLING

Mailing Address R.R. 1 BOX 112

City

CARMAN

State

IL

Zip Code

61425-9728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859030

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ENDRE S. GESTETNER

Mailing Address 1448 58TH STREET

City

BROOKLYN

State

NY

Zip Code

11219-4646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844594

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WAYNE M. GILMORE

Mailing Address 2145 DELMAS STREET

City

OPELOUSAS

State

LA

Zip Code

70570-4717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST FEDERAL SAVING'S &  
LOAN

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854588

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. D. WAYNE GITTINGER

Mailing Address 1420 5TH AVENUE  
SUITE 4100

City State Zip Code  
SEATTLE WA 98101-2375

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LANE POWELL P.C.

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840155

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. ANN GLENDINNING

Mailing Address 318 S. BEACH ROAD

City State Zip Code  
HOBE SOUND FL 33455-2605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847377

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CUTHBERT P. GORMAN, JR.

Mailing Address 9545 TAMARACK DRIVE

City State Zip Code  
INDIANAPOLIS IN 46260-1295

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841232

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CUTHBERT P. GORMAN, JR.

Mailing Address 9545 TAMARACK DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46260-1295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855281

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. GORMAN

Mailing Address PO BOX 2599

City

MANSFIELD

State

OH

Zip Code

44906-0599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GORMAN RUPP COMPANY

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864871

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS A. GORMAN

Mailing Address 515 DENVER RD.

City

BARTLESVILLE

State

OK

Zip Code

74003-5925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GORMAN MANAGEMENT

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858616

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PAUL A. GOSNELL

Mailing Address 2726 JEAN LAFITTE DRIVE

City

FERNANDINA

State

FL

Zip Code

32034-4836

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846591

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD E. GOSS

Mailing Address 4807 JOHNSON AVENUE

City

WESTERN SPRINGS

State

IL

Zip Code

60558-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854412

Amount of Each Receipt this Period

275.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. CAROL JANE GRIFFITH

Mailing Address 1173 CHERRY KNOLL DRIVE

City

SANDY

State

UT

Zip Code

84094-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848031

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

680.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CAROL JANE GRIFFITH

Mailing Address 1173 CHERRY KNOLL DRIVE

City

SANDY

State

UT

Zip Code

84094-7318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858040

Amount of Each Receipt this Period

105.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846331

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD GRIFFITH

Mailing Address 3417 MILAM ST

City

HOUSTON

State

TX

Zip Code

77002-9531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862226

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

855.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOWARD GROFF

Mailing Address 9832 CALVIN AVENUE

City

NORTHRIDGE

State

CA

Zip Code

91324-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST EXCAVATION

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12847715

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SUSAN L. GROFF

Mailing Address 9832 CALVIN AVENUE

City

NORTHRIDGE

State

CA

Zip Code

91324-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHWEST EXCAVATING COMP-  
ANY INC.

Occupation

CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12847716

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. KIMBERLY S. GROSS

Mailing Address 3020 STATE HIGHWAY 19

City

HUNTSVILLE

State

TX

Zip Code

77320-0452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZEKE'S TRUCKING CO. INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842797

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

60000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA L. GROVES

Mailing Address 1252 WOODSIDE DR

City

FREEPORT

State

IL

Zip Code

61032-6722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GROVES TAX & FINANCIAL IN-  
C.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855547

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BENJAMIN E. GRUBBS

Mailing Address 6117 EMERALD LN

City

SYKESVILLE

State

MD

Zip Code

21784-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERV PRO

Occupation

PRESIDENT, CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843260

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL GUSE

Mailing Address 5400 OCEAN BLVD  
APARTMENT 8-4

City

SARASOTA

State

FL

Zip Code

34242-3361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849509

Amount of Each Receipt this Period

265.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1765.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ENRIQUE GUTIERREZ

Mailing Address 7210 S LAND PARK DR  
STE G

City State Zip Code  
SACRAMENTO CA 95831-3663

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
GUTIERREZ DENTAL LABORATO-  
RY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847800

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

COL. FREDRICK J. HAASE

Mailing Address 1821 E. DAYTON ROAD

City State Zip Code  
CARO MI 48723-9478

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863152

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. NANCY M. HACK

Mailing Address 204 MILLTOWN RD

City State Zip Code  
BREWSTER NY 10509-4315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE HACK AGENCY INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842677

Amount of Each Receipt this Period

625.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ABINA HAFFNER

Mailing Address 631 PLUM TER

City

MAHWAH

State

NJ

Zip Code

07430-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMS HEALTH

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861665

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ABINA HAFFNER

Mailing Address 631 PLUM TER

City

MAHWAH

State

NJ

Zip Code

07430-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMS HEALTH

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861668

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ABINA HAFFNER

Mailing Address 631 PLUM TER

City

MAHWAH

State

NJ

Zip Code

07430-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMS HEALTH

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861669

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ABINA HAFFNER

Mailing Address 631 PLUM TER

City

MAHWAH

State

NJ

Zip Code

07430-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMS HEALTH

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861670

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

ABINA HAFFNER

Mailing Address 631 PLUM TER

City

MAHWAH

State

NJ

Zip Code

07430-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMS HEALTH

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861671

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

ABINA HAFFNER

Mailing Address 631 PLUM TER

City

MAHWAH

State

NJ

Zip Code

07430-3442

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMS HEALTH

Occupation  
ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861672

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. CHRISTINA M. HAHN

Mailing Address 2908 E LAKE MEAD BLVD

City

N LAS VEGAS

State

NV

Zip Code

89030-6553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAHNS WORLD OF SURPLUS IN-  
C.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846342

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. DARBY J. HALEY

Mailing Address W HIGHWAY 302  
PO BOX 839

City

KERMIT

State

TX

Zip Code

79745-0839

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856954

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GREGORY J. HAMER, SR.

Mailing Address P.O. BOX 3608

City

MORGAN CITY

State

LA

Zip Code

70381-1826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

B&G ENTERPRISES L.L.C.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847681

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARTIN HAMMON

Mailing Address 9910 VICTORIA LAKE ROAD

City

RAPID CITY

State

SD

Zip Code

57702-9069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RAPID FIRE PROTECTION INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12850036

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. LUANNE B. HANCOCK

Mailing Address 10601 CALM HILL CIR

City

SANTA ANA

State

CA

Zip Code

92705-2551

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857470

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JAMES E. HARKINS, JR.

Mailing Address 10635 CONTROL PLACE

City

DALLAS

State

TX

Zip Code

75238-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WUJIDO INSTITUTE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851184

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA HARLOE

Mailing Address 234 LYNN STREET

City

HARRINGTON PARK

State

NJ

Zip Code

07640-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WORLD FINES FOODS, INC.

Occupation

EXECUTIVE FOOD INDUSTRY WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856901

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. HARMON, JR.

Mailing Address 90 E. VETERANS PARKWAY  
ROOM 211E

City

BARSTOW

State

CA

Zip Code

92311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849636

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHLEEN HARRIS

Mailing Address 28 LAUREL MOUNTAIN WAY

City

CALIFON

State

NJ

Zip Code

07830-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857667

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT M. HARRISON, SR.

Mailing Address 102 LOOKOUT RIDGE

City

CEDAR POINT

State

NC

Zip Code

28584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849938

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEN M. HART

Mailing Address 104 WESTVIEW LN

City

OAK RIDGE

State

TN

Zip Code

37830-8657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

GENERAL CONTRACTOR

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862069

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GARY HARTER

Mailing Address 2850 LARSON STREET

City

LA CROSSE

State

WI

Zip Code

54603-1829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARTER'S QUICK CLEANUP SE-  
RVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854616

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LARRY ROBERT HAWN

Mailing Address PO BOX 816

City

MARIETTA

State

OH

Zip Code

45750-0816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850217

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. T. B. HAYWARD

Mailing Address 1223 SPRING STREET

City

SEATTLE

State

WA

Zip Code

98104-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840135

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. T. B. HAYWARD

Mailing Address 1223 SPRING STREET

City

SEATTLE

State

WA

Zip Code

98104-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860686

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

859.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JIM HAYWORTH

Mailing Address P.O. BOX 279

City

MONTICELLO

State

IN

Zip Code

47960-0279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J & J H INCORP

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841339

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JIM HAYWORTH

Mailing Address P.O. BOX 279

City

MONTICELLO

State

IN

Zip Code

47960-0279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J & J H INCORP

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841636

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JIM HAYWORTH

Mailing Address P.O. BOX 279

City

MONTICELLO

State

IN

Zip Code

47960-0279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J & J H INCORP

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12852983

Amount of Each Receipt this Period

109.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

259.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID HAZELTON

Mailing Address 3723 MERLIN WAY

City

ANNANDALE

State

VA

Zip Code

22003-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LATHEM AND WATKINS

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842676

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PERRY E. HEAD

Mailing Address PO BOX 7

City

OGLESBY

State

TX

Zip Code

76561-0007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIQUE MACHINE SHOP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842671

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM A. HECK

Mailing Address PO BOX 50610

City

MIDLAND

State

TX

Zip Code

79710-0610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAM A. HECK

Occupation  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843996

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

809.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD R. HEIDE

Mailing Address 1 BATTERY ROAD

City

HILTON HEAD

State

SC

Zip Code

29928-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846024

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL HELD

Mailing Address 3605 EAST AVENUE

City

ROCHESTER

State

NY

Zip Code

14618-3519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLSTATE TOOL AND DIE INC.

Occupation  
OWNER PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842840

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MAUREEN T. HEMOND

Mailing Address 419 US ROUTE 1

City

SCARBOROUGH

State

ME

Zip Code

04074-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LEN LIBBYS INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846364

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES O. HENDERSON

Mailing Address 9 SLEEPY HOLLOW LN

City

NEWTOWN SQUARE

State

PA

Zip Code

19073-3914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HENDERSON CONSULTING

Occupation

INSURANCE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12862830

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES B. HENDERSON

Mailing Address 1100 S.W. SHORELINE DRIVE  
APARTMENT 125

City

PALM CITY

State

FL

Zip Code

34990-4543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852318

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDY HENDERSON

Mailing Address 560 MENLO OAKS DRIVE

City

MENLO PARK

State

CA

Zip Code

94025-2348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANC STAFFING INC.

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860304

Amount of Each Receipt this Period

409.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1209.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARIE HERBST

Mailing Address 175 TAYLOR AVENUE

City

CHESHIRE

State

CT

Zip Code

06410-2152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INTEGRATED INDUSTRIAL

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853927

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SYLVIA HERREN

Mailing Address HC CALVARY CONSTRU63 BOX 53-1

City

PAWHUSKA

State

OK

Zip Code

74056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CALVARY CONSTRUCTION

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843977

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LORETTA M. HERRMANN

Mailing Address 4409 SEVILLE LANE

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12850540

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JONAS R. HERSHBERGER

Mailing Address 10000 N GIRDLE RD

City

MIDDLEFIELD

State

OH

Zip Code

44062-9538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859896

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LEE HESS

Mailing Address 8523 CAMPO SECO TPKE

City

MOKELEUMNE HL

State

CA

Zip Code

95245-9404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INCA GARDENSAND FARMS

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847213

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BENNIE E. HEWETT

Mailing Address P.O. BOX 907670

City

GAINESVILLE

State

GA

Zip Code

30501-0945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEWETT MGMT. INC.

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844685

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ELWOOD H. HILLIS

Mailing Address 555 LAKESIDE PLACE

City

WINDSOR

State

CO

Zip Code

80550-4663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846360

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

SIDNEY S. HIMMEL

Mailing Address 1600 JACKSON ST  
SUITE 160

City

GOLDEN

State

CO

Zip Code

80401-1958

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRIGON EXPLORATION UTAH,  
INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843259

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MOLLY HINES

Mailing Address 2625 KINDER STREET

City

LAKE CHARLES

State

LA

Zip Code

70615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLAKE D. HINES, JR.

Occupation  
GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858750

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. KIMBERLY HOFFMAN

Mailing Address 2758 EAGLE HEIGHTS COURT

City

BETTENDORF

State

IA

Zip Code

52722-6331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12857179

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND A. HOFFMAN

Mailing Address 8420 PHOENIX AVENUE  
APARTMENT 236

City

FORT SMITH

State

AR

Zip Code

72903-6231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854096

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LINDA L. HOLDER

Mailing Address 3703 NAMEOKI ROAD

City

GRANITE CITY

State

IL

Zip Code

62040-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINDA L. HOLDER ATTORNEY  
AT LAW

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843989

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1525.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES C. HOLZWARTH

Mailing Address 7555 COUNTY ROAD 160  
APT 1

City State Zip Code  
 SALIDA CO 81201-8518

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861003

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHARLES D. HORNER

Mailing Address 4801 MAIN ST.  
STE. 1000

City State Zip Code  
 KANSAS CITY MO 64112-2551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BLACKWELL SANDERS PEPER  
MARTIN LLP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848658

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS K. HOSTETLER

Mailing Address 4432 MOUNT VERNON PLACE

City State Zip Code  
 DECATUR IL 62521-8790

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846055

Amount of Each Receipt this Period

255.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

714.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD T. HOUGH

Mailing Address 913 BARCLAY CIRCLE

City

LAKE FOREST

State

IL

Zip Code

60045-4212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848506

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAL B. HOWARD

Mailing Address 151 GRACE TRAIL

City

PALM BEACH

State

FL

Zip Code

33480-3943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENT ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859137

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LINNEA HOWARD

Mailing Address 13303 MANOR HILL RD

City

SAINT LOUIS

State

MO

Zip Code

63131-1505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857298

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1009.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. HOWE

Mailing Address 432 SEABREEZE AVENUE

City

PALM BEACH

State

FL

Zip Code

33480-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12842305

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. HOWE

Mailing Address 432 SEABREEZE AVENUE

City

PALM BEACH

State

FL

Zip Code

33480-4107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851714

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOWARD K. HOWELL

Mailing Address 3232 NW 18TH STREET

City

OKLAHOMA CITY

State

OK

Zip Code

73107-3811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACE TRANSFER AND STORAGE  
CO.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848742

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT HUDSON

Mailing Address PO BOX 381087

City

BIRMINGHAM

State

AL

Zip Code

35238-1087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DIVERSIFIED RESOURCES INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847205

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY B. HUMMELER

Mailing Address 1745 MONTGOMERY AVENUE

City

VILLANOVA

State

PA

Zip Code

19085-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855571

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LAYTON A. HUMPHREY

Mailing Address P.O. BOX 1057

City

GAINESVILLE

State

TX

Zip Code

76241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12847714

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MS. CAROLINE ROSE HUNT

Mailing Address 2101 CEDAR SPRINGS ROAD  
SUITE 1600

City State Zip Code  
DALLAS TX 75201-6917

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE ROSEWOOD CORPORATION

Occupation  
PUBLIC RELATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842748

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MR. ROBERT B. HUNTER

Mailing Address PO BOX 1108

City State Zip Code  
GREENWOOD MS 38935-1108

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
4-WAY ELECTRIC

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843245

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
MRS. GRAYCE HUSMAN

Mailing Address 3400 S MILLS RD

City State Zip Code  
GUSTINE CA 95322-9795

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857466

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD HUTCHINSON

Mailing Address 2 GREY GULL ROAD

City

JAMESTOWN

State

RI

Zip Code

02835-2808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840110

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD W. HUTSON, JR.

Mailing Address 64 BROAD ST

City

CHARLESTON

State

SC

Zip Code

29401-2901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INSURANCE AGENCY

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844561

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REV. TZUYANG HWANG

Mailing Address 11768 ROSEGLEN STREET

City

EL MONTE

State

CA

Zip Code

91732-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN CHICHOU THEO INST

Occupation  
PROFESSOR/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844614

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

REV. TZUYANG HWANG

Mailing Address 11768 ROSEGLEN STREET

City

EL MONTE

State

CA

Zip Code

91732-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN CHICHOU THEO INST

Occupation

PROFESSOR/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853367

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REV. TZUYANG HWANG

Mailing Address 11768 ROSEGLEN STREET

City

EL MONTE

State

CA

Zip Code

91732-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN CHICHOU THEO INST

Occupation

PROFESSOR/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863367

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

REV. TZUYANG HWANG

Mailing Address 11768 ROSEGLEN STREET

City

EL MONTE

State

CA

Zip Code

91732-1446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMERICAN CHICHOU THEO INST

Occupation

PROFESSOR/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863382

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. VICTOR J. HYDEL

Mailing Address 1520 HOLLYWOOD STREET

City

DEARBORN

State

MI

Zip Code

48124-4044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCDONALDS

Occupation

MAINTENANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855232

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN ISBELL

Mailing Address P.O. BOX 434

City

FLORENCE

State

TX

Zip Code

76527-0434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSTRUCTION WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864493

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT T. ISHAM

Mailing Address 335 HOT SPRINGS ROAD

City

SANTA BARBARA

State

CA

Zip Code

93108-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859050

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

925.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN M. JACKSON

Mailing Address 3055 NORTHERN AVE

City

KINGMAN

State

AZ

Zip Code

86409-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACKSON DIGITAL IMAGING  
CORPOROccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847088

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE H. JACOBS

Mailing Address 1004 COMMERCIAL AVENUE  
#157

City

ANACORTES

State

WA

Zip Code

98221-4117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12850041

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY W. JACOBS

Mailing Address 2744 BROAD BAY ROAD

City

VIRGINIA BEACH

State

VA

Zip Code

23451-1645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845405

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NORMAN A. JACOBS

Mailing Address P.O. BOX 5462

City

CAREFREE

State

AZ

Zip Code

85377-5462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846587

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL JACOBSON

Mailing Address 2340 IRVING ST  
STE 103

City

SAN FRANCISCO

State

CA

Zip Code

94122-1639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAUL JACOBSON MORTGAGE CO

Occupation  
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861754

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. RITA C. JACUZZI HUBER

Mailing Address 1321 RAYS BRIDGE RD

City

CARTHAGE

State

NC

Zip Code

28327-9178

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859732

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. FRANK R. JANKOVITZ

Mailing Address 105 SAN ANGELO AVENUE

City

SANTA BARBARA

State

CA

Zip Code

93111-2203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852340

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PRESCOTT JENNINGS, JR.

Mailing Address 116 POUND HOLLOW RD

City

GLEN HEAD

State

NY

Zip Code

11545-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843262

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ROBERT G. JOHNSON

Mailing Address 6450 ELLENWOOD AVE

City

SAINT LOUIS

State

MO

Zip Code

63105-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ST. LOUIS U

Occupation  
SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: SA11.12863503

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 342

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS G. JOHNSON, JR.

Mailing Address 12010 TAYLORS LANDING DRIVE

City

KNOXVILLE

State

TN

Zip Code

37934-4757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TGJ & C, INC.

Occupation

RESTAURANT OWNER / OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: SA11.12848459

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY SCOTT JONES

Mailing Address 6037 12TH AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55417-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Transaction ID: SA11.12859850

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES P. JONES

Mailing Address 3395 SW GARDEN VIEW AVE

City

PORTLAND

State

OR

Zip Code

97225-3547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHUCK JONES & ASSO. INC

Occupation

CORP. EXEC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	5	/	2	0	0	9

Transaction ID: SA11.12839067

Amount of Each Receipt this Period

259.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

818.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. CONNIE H. JONES

Mailing Address 43 BREEZEWOOD ROAD

City

COLLINSVILLE

State

VA

Zip Code

24078-3088

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MULTI MULTIWALL PACKAGING

Occupation  
SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858234

Amount of Each Receipt this Period

509.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GEORGE J. JONES

Mailing Address 83750 CITRUS AVE  
STE 9

City

INDIO

State

CA

Zip Code

92201-3406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE RIO DESIGN GROUP

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843998

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOY G. JONES

Mailing Address 1550 RIVERSIDE AVE

City

JACKSONVILLE

State

FL

Zip Code

32204-4161

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DR. JONES

Occupation  
OFFICE MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850156

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1109.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. SAUNDERS JONES

Mailing Address 66 PINE CREST ROAD

City

BIRMINGHAM

State

AL

Zip Code

35223-1262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854155

Amount of Each Receipt this Period

800.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM R. JORDAN

Mailing Address 61 CONSTRUCTION LN

City

VANCEBURG

State

KY

Zip Code

41179-5668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
R J CONSTRUCTION

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847736

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES L. KAST

Mailing Address 3409 E SIEBERT RD

City

MIDLAND

State

MI

Zip Code

48642-7228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IBM GLOBAL SERVICES

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12853134

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY KAUFMAN

Mailing Address 4 PARK AVENUE  
APARTMENT 5E

City State Zip Code  
NEW YORK NY 10016-5339

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845513

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. FRED KAVLI

Mailing Address 1801 SOLAR DRIVE  
SUITE 250

City State Zip Code  
OXNARD CA 93030-8297

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
REAL ESTATE DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863065

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P. KEENAN

Mailing Address P.O. BOX 1122

City State Zip Code  
WINDHAM NY 12496-1122

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851207

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2159.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. KELLER

Mailing Address 12936 STATE ROUTE D

City

SAVANNAH

State

MO

Zip Code

64485-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841554

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. S. A. KELLER

Mailing Address 777 BAYSHORE DRIVE  
APARTMENT 1506

City

FT LAUDERDALE

State

FL

Zip Code

33304-3966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856710

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN A. KELLER

Mailing Address 777 BAYSHORE DRIVE  
APARTMENT 1506

City

FT LAUDERDALE

State

FL

Zip Code

33304-3966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843978

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1725.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. PATRICIA A. KENNEL

Mailing Address 900 W. GRAND OAK DRIVE

City

PEORIA

State

IL

Zip Code

61615-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858225

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWIN C. KERCHER

Mailing Address 920 MECHANIC ST

City

LEBANON

State

PA

Zip Code

17046-1936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846343

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DONNA L. KERN

Mailing Address 1585 JAMESON RD

City

VAN ALSTYNE

State

TX

Zip Code

75495-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINETIC SOLUTIONS LLC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847803

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1559.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE W. KESSLER

Mailing Address RR 1  
BOX 89

City State Zip Code  
SWEET SPRINGS MO 65351-9725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855569

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. SUE KIMBERLEY

Mailing Address 86B ARROYO HONDO ROAD

City State Zip Code  
SANTA FE NM 87508-9464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846091

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SUE KIMBERLEY

Mailing Address 86B ARROYO HONDO ROAD

City State Zip Code  
SANTA FE NM 87508-9464

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853586

Amount of Each Receipt this Period

109.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

509.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. GAYLA D. KINDER

Mailing Address 1050 FM RD 4

City

JACKSBORO

State

TX

Zip Code

76458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859830

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. REBECCA H. KING

Mailing Address 7883 WARM SPRINGS ROAD

City

MIDLAND

State

GA

Zip Code

31820-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844566

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. REBECCA H. KING

Mailing Address 7883 WARM SPRINGS ROAD

City

MIDLAND

State

GA

Zip Code

31820-3608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855513

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

559.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JONATHAN R. KINSLEY

Mailing Address 2700 WATER ST

City

YORK

State

PA

Zip Code

17403-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KINSLEY CONSTRUCTION

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844544

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOEL H. KLEIN

Mailing Address 13279 HUNTERS VIEW STREET

City

SAN ANTONIO

State

TX

Zip Code

78230-2071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOEL H. KLEIN & ASSOCIATES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859530

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MILTON M. KLEINBERG

Mailing Address 6034 COUNTRY CLUB OAKS PL

City

OMAHA

State

NE

Zip Code

68152-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SENIOR MARKET SALES

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846366

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. HARRIET A. KLOEPFER

Mailing Address 1728 S 14TH ST

City

LAFAYETTE

State

IN

Zip Code

47905-2113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12844039

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOE R. KLUTTS

Mailing Address 328 W. MARTIAL AVENUE

City

LAFAYETTE

State

LA

Zip Code

70508-6711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STONE ENERGY CORPORATION

Occupation  
GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864541

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD D. KLUVER

Mailing Address 159 S. SHORE DRIVE

City

STORM LAKE

State

IA

Zip Code

50588-7476

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856981

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. RICH KNIGHT

Mailing Address PO BOX 52

City

PEOSTA

State

IA

Zip Code

52068-0052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST GEAR

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842675

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. KNOTT, SR.

Mailing Address 456 HILL STREET

City

WHITINSVILLE

State

MA

Zip Code

01588-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RIVERDALE MILLS CORP.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864361

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. SHIRLEY M. KNOX

Mailing Address 4724 HEATH HILL RD.

City

COLUMBIA

State

SC

Zip Code

29206-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848782

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. KNUDSON

Mailing Address 990 W. OCOTILLO ROAD  
APARTMENT 2028

City State Zip Code  
CHANDLER AZ 85248-7248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847607

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN R. KNUDSON

Mailing Address 990 W. OCOTILLO ROAD  
APARTMENT 2028

City State Zip Code  
CHANDLER AZ 85248-7248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860416

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLYDE F. KNUPP

Mailing Address 15 S. 1ST STREET

City State Zip Code  
FORT DODGE IA 50501-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845502

Amount of Each Receipt this Period

109.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

359.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 122 / 342

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CLYDE F. KNUPP

Mailing Address 15 S. 1ST STREET

City

FORT DODGE

State

IA

Zip Code

50501-7023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12861607

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KEVIN KOVANDA

Mailing Address 847 MAXFIELD ROAD

City

HARTLAND

State

MI

Zip Code

48353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN CHEMICAL TECHNOL-  
OGIES, INC.

Occupation  
EXECUTIVE/OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847171

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MAURICE LABOZ

Mailing Address 111 E 14TH ST PMB 395

City

NEW YORK

State

NY

Zip Code

10003-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
REGAL INVESTMENTS INC.

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842819

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GERALD HENRY LALOR

Mailing Address 2919 W. WISCONSIN AVENUE  
APARTMENT 901

City State Zip Code  
MILWAUKEE WI 53208-4504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852681

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GERALD HENRY LALOR

Mailing Address 2919 W. WISCONSIN AVENUE  
APARTMENT 901

City State Zip Code  
MILWAUKEE WI 53208-4504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855227

Amount of Each Receipt this Period

109.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. GERALD HENRY LALOR

Mailing Address 2919 W. WISCONSIN AVENUE  
APARTMENT 901

City State Zip Code  
MILWAUKEE WI 53208-4504

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863305

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

309.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD L. LANDES

Mailing Address 5621 E CORSO DI NAPOLI

City

LONG BEACH

State

CA

Zip Code

90803-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859108

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

REV. MICHAEL LANE

Mailing Address 2212 MCDONOUGH STREET

City

JOLIET

State

IL

Zip Code

60436-1842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROMAN CATHOLIC DIOCESE

Occupation  
ROMAN CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858274

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GLENN E. LANGER

Mailing Address 1735 WEDGEWOOD DRIVE W.

City

ELM GROVE

State

WI

Zip Code

53122-1056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LANGER ROOFING

Occupation  
ESTIMATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852514

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1009.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELSE C. LAPPOEHN

Mailing Address 3210 S. SANDHILL ROAD  
UNIT 238

City State Zip Code  
LAS VEGAS NV 89121-2577

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849433

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. HELEN A. LATHAM

Mailing Address 427 S. ERIE STREET

City State Zip Code  
WHEATON IL 60187-4545

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853673

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT P. LAYMAN

Mailing Address 1073 AVENIDA SONOMA

City State Zip Code  
LADY LAKE FL 32159-6437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857295

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

959.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 342

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KARL LEE

Mailing Address 1912 12TH AVENUE SE

City

ABERDEEN

State

SD

Zip Code

57401-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12857029

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. YOUNG M. LEE

Mailing Address 10525 LAWSON RIVER AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708-6910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EAST WEST INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843234

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LARRY W. LIMP

Mailing Address 3699 US HIGHWAY 50 E

City

BEDFORD

State

IN

Zip Code

47421-8670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LNL TRUCKING INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

CEO

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BRENDA LOGSDON

Mailing Address 1912 RED CLOUD ROAD

City

LONGMONT

State

CO

Zip Code

80501-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONGMOUNT HOSPITAL

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846595

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

COL. JAMES L. LONG

Mailing Address 14223 HUNTER HILL

City

SAN ANTONIO

State

TX

Zip Code

78217-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851947

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JANE M. LORY

Mailing Address 117 W TUPPER ST

City

BUFFALO

State

NY

Zip Code

14201-2171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUEL POWER-POWER FUEL CHE-  
MICAL COMPANY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843232

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

759.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANE M. LORY

Mailing Address 117 W TUPPER ST

City

BUFFALO

State

NY

Zip Code

14201-2171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FUEL POWER-POWER FUEL CHE-  
MICAL COMPANY

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12872126

Amount of Each Receipt this Period

-250.00

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)

MR. MARTIN G. LOUTHAN

Mailing Address P.O. BOX 98

City

KONAWA

State

OK

Zip Code

74849-0098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848480

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARTIN G. LOUTHAN

Mailing Address P.O. BOX 98

City

KONAWA

State

OK

Zip Code

74849-0098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853378

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. LOWERY

Mailing Address 160 MOORINGS PARK DRIVE  
APARTMENT J301

City State Zip Code  
NAPLES FL 34105-2121

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846019

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE W. LOWRIE

Mailing Address 711 SW LOOP 820

City State Zip Code  
FORT WORTH TX 76134-1229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853341

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES R. LUNDEEN

Mailing Address 14141 RIVERSIDE DRIVE  
APARTMENT 4

City State Zip Code  
SHERMAN OAKS CA 91423-2344

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PHARMAVITE L.L.C.

Occupation  
MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848451

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. LYSIEN

Mailing Address 54575 COVE RD

City

POWHATAN POINT

State

OH

Zip Code

43942-9763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TRAINING PLUS

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848676

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PAUL E. MACDONALD

Mailing Address 1515 WILSON BLVD STE 710

City

ARLINGTON

State

VA

Zip Code

22209-2434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
META ENGINEERS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847806

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ALEX MACPHERSON

Mailing Address 3170 S BLOOMINGTON DR W

City

SAINT GEORGE

State

UT

Zip Code

84790-7666

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857484

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LINDA L. MAK

Mailing Address P.O. BOX 5819

City

LA QUINTA

State

CA

Zip Code

92248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINDA MAK MD INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861729

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. LINDA L. MAK

Mailing Address P.O. BOX 5819

City

LA QUINTA

State

CA

Zip Code

92248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINDA MAK MD INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861730

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LINDA L. MAK

Mailing Address P.O. BOX 5819

City

LA QUINTA

State

CA

Zip Code

92248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LINDA MAK MD INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861731

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS H. MALIN

Mailing Address 5 MALLARD LN.

City

CAMP HILL

State

PA

Zip Code

17011-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850234

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROYCE L. MATHEWS

Mailing Address 4750 HIGHWAY 95

City

BULLHEAD CITY

State

AZ

Zip Code

86426-9377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855154

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM MATHESON, JR.

Mailing Address 305 MAGNOLIA LAKE COURT

City

AIKEN

State

SC

Zip Code

29803-2654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WOODSIDE DEVELOPMENT

Occupation  
REAL ESTATE SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862890

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU MATHIOWETZ

Mailing Address 30817 COUNTY ROAD 24

City

SLEEPY EYE

State

MN

Zip Code

56085-4361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840274

Amount of Each Receipt this Period

175.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARY LOU MATHIOWETZ

Mailing Address 30817 COUNTY ROAD 24

City

SLEEPY EYE

State

MN

Zip Code

56085-4361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852247

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL B. MAY

Mailing Address 3304 RHODES AVENUE  
APARTMENT 128

City

NEW BOSTON

State

OH

Zip Code

45662-4914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852711

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

575.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. MC DUFF

Mailing Address 10419 W 50TH TER

City

SHAWNEE MSN

State

KS

Zip Code

66203-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859731

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. GRACE LYNN MCARDLE

Mailing Address 7549 WEEHAWKEN DRIVE

City

ZEPHYRHILLS

State

FL

Zip Code

33540-2076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843900

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. MCCARY, JR.

Mailing Address 208 TEAKWOOD DRIVE S.W.

City

HUNTSVILLE

State

AL

Zip Code

35801-3456

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCCARY ENGINEERING INC

Occupation  
CONSULTING ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841469

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5609.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HENRY MCCLUNEY

Mailing Address 271 INDIAN HARBOR ROAD

City

VERO BEACH

State

FL

Zip Code

32963-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854382

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ADRIA D. MCCOOL

Mailing Address 4790 S. LAFAYETTE ST.

City

CHERRY HILLS VILLA

State

CO

Zip Code

80113-5973

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862259

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DAN F. MCDANIEL

Mailing Address PO BOX 5712

City

CHATTANOOGA

State

TN

Zip Code

37406-0712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DATA STORAGE & RCRDS. MGMT  
CTR

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847680

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DORIS M. MCDONALD

Mailing Address 5717 EMELIA AVENUE

City

BALTIMORE

State

MD

Zip Code

21206-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848371

Amount of Each Receipt this Period

210.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD P. MCHUGH

Mailing Address 3000 VILLARD AVENUE  
TRAILER 60

City

HELENA

State

MT

Zip Code

59601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCHUGH MOBILE HOME PARK

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846815

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. DONNA L. MCKEEVER

Mailing Address 9904 FOX BLUFF LN.

City

SPRING GROVE

State

IL

Zip Code

60081-8829

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERFORMANCE PROMOTIONS

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861962

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1460.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TODD D. MCKENZIE

Mailing Address PO BOX 26536

City

PRESCOTT VALLEY

State

AZ

Zip Code

86312-6536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUMMIT CONTROLS LLC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840261

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICKY B. MCKINNERNEY

Mailing Address 100 W. COYOTE TRAIL

City

RICHLAND SPRINGS

State

TX

Zip Code

76871-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
REALTOR, FARMER & RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847731

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. HOBART B. MCMORDIE, II

Mailing Address 3200 HAWTHORNE DRIVE

City

AMARILLO

State

TX

Zip Code

79109-3416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854207

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN MCMYLLAN

Mailing Address 1209 THE BAY WAY NE

City

ATLANTA

State

GA

Zip Code

30306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848469

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS ALICE MCNULTY

Mailing Address 23253 W. RENWICK ROAD

City

PLAINFIELD

State

IL

Zip Code

60544-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELITE. CHILDRENS ACADEMY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850895

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. LIZ MEEK

Mailing Address 20944 STATE LINE RD

City

BUCYRUS

State

KS

Zip Code

66013-9700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MB MEEK CONSULTANTS INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PARTNER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842683

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. MENEGOLLA, JR.

Mailing Address 408 N. 11TH STREET  
APARTMENT F12

City State Zip Code  
NEWARK NJ 07107-1804

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863364

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. GARTH P. MERRICK

Mailing Address PO BOX 2257

City State Zip Code  
HEREFORD TX 79045-2257

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MERRICK PET FOODS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854755

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. STEVE MIGLIORE

Mailing Address P.O. BOX 2105

City State Zip Code  
LIVERMORE CA 94551-2105

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
IDEAL BOAT AND CAMPER STO-  
RAGE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851185

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. JANET D. MILLER

Mailing Address 2020 BIRCHWOOD ROAD

City

NORTH PLATTE

State

NE

Zip Code

69101-5912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856437

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS R. MILLS

Mailing Address 93 MAIN ST

City

LUDLOW

State

VT

Zip Code

05149-1057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLS ALL SEASONS MANAGEM-  
ENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844551

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

LINDLY B MINGLEDORFF

Mailing Address 5345 SHERRI DRIVE

City

GAINESVILLE

State

GA

Zip Code

30504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MINGLEDORFF'S INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

MANAGEMENT

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862033

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. OTTO F. MOEHRLE

Mailing Address 4305 PONTIAC TRL.

City

ANN ARBOR

State

MI

Zip Code

48105-9626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851562

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ELIAS MOLDOVAN

Mailing Address 5653 N. LINCOLN AVENUE

City

CHICAGO

State

IL

Zip Code

60659-4957

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844575

Amount of Each Receipt this Period

501.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. VAN MOLLER

Mailing Address 5555 MONTGOMERY DR., #79

City

SANTA ROSA

State

CA

Zip Code

95409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
N/A

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843906

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1001.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM C. MONK

Mailing Address 4328 WEST CHURCH STREET

City

FARMVILLE

State

NC

Zip Code

27828-1693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PERSONAL INVESTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850222

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MARCIA W. MONNIER

Mailing Address 6985 WEMBLEY CIRCLE

City

DAYTON

State

OH

Zip Code

45459-6211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858260

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TERRY A. MONROE

Mailing Address P.O. BOX 2743

City

MOUNT VERNON

State

WA

Zip Code

98273-7743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEEP IT CLEAN PRESSURE WA-  
SHING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DETAILER

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12841836

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1459.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. TERRY A. MONROE

Mailing Address P.O. BOX 2743

City

MOUNT VERNON

State

WA

Zip Code

98273-7743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KEEP IT CLEAN PRESSURE WA-  
SHING

Occupation  
DETAILER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843881

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA L. MOODY

Mailing Address 149 MARLEWOOD

City

BROOKELAND

State

TX

Zip Code

75931-5656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12841948

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CLIFFORD M. MOORE

Mailing Address PO BOX 565

City

ALBERTVILLE

State

AL

Zip Code

35950-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
METHODIST MINISTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854752

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

690.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVID S. MORA

Mailing Address 1601 CORPUS CHRISTI STREET

City

LAREDO

State

TX

Zip Code

78043-3302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORA, DAVID SAUL PHD

Occupation

CLINIC DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12839970

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DEAN MORRISON

Mailing Address 100 S PHILADELPHIA ST

City

AMARILLO

State

TX

Zip Code

79104-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BUDWEISER DIST CO.

Occupation

BEER WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846356

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ISAAC A. MORRIS

Mailing Address 2867 OUTLET ROAD

City

CLIFTON SPRINGS

State

NY

Zip Code

14432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858818

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2800.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MR. DENNIS MOSEMAN

Mailing Address 7 WASHINGTON AVENUE

City

STATEN ISLAND

State

NY

Zip Code

10314-5042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GINGERBREAD LEARNING CENT-  
ER

Occupation

SCHOOL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844718

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CHRISTA MUELLER

Mailing Address 27 GATEVIEW DRIVE

City

FALLBROOK

State

CA

Zip Code

92028-9232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849689

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MICHAEL MULLEN

Mailing Address 5927 VICKERY BLVD.

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIREMAN'S FUND INSURANCE  
COMPANY

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847184

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. FRANCIS P. MURPHY

Mailing Address 2720 GREEN TEE DRIVE

City

PEARLAND

State

TX

Zip Code

77581-5021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M & M TOMATOES COMPANY

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858904

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED MURPHY

Mailing Address 2338 SW MAYFAIR PL

City

TOPEKA

State

KS

Zip Code

66611-2054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859826

Amount of Each Receipt this Period

259.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY F. MURPHY

Mailing Address 3145 ALDEN POND LANE

City

EAGAN

State

MN

Zip Code

55122-1337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PARAMOUNT ASSOCIATES LLC

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859124

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1759.00

**TOTAL** This Period (last page this line number only) .....

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARION L. NAEGLER

Mailing Address 32700 JOHNSON CANYON ROAD

City

GONZALES

State

CA

Zip Code

93926-9408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
BANKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843963

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. LINDA A. NALL

Mailing Address 8609 GROVER PLACE

City

SHREVEPORT

State

LA

Zip Code

71115-2709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LSU HEALTH SCIENCE CENTER

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855552

Amount of Each Receipt this Period

1025.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BARRY L. NAZAR

Mailing Address 412 MANADA BOTTOM RD

City

GRANTVILLE

State

PA

Zip Code

17028-9018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEMPLE UNIVERSITY

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844653

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN A. NEBEL

Mailing Address 660 LAMBERT AVENUE

City

FLAGLER BEACH

State

FL

Zip Code

32136-3213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853757

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WALTER B. NEIDERT

Mailing Address 11900 BARRYKNOLL LANE  
APARTMENT 5320

City

HOUSTON

State

TX

Zip Code

77024-4368

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848521

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KELLY NEIL

Mailing Address 23 REED BLVD

City

MILL VALLEY

State

CA

Zip Code

94941-2301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNTEEZ

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12861625

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BARBARA A. NELSON

Mailing Address P.O. BOX 3044

City

SEATTLE

State

WA

Zip Code

98114-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACURA OF BELLEVUE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855553

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RONALD NEVILLE

Mailing Address 3541 E. KINGSWOOD DRIVE

City

SPRINGFIELD

State

MO

Zip Code

65809-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845991

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. GEORGE NICOVIC

Mailing Address 1755 GULF TO BAY BLVD.

City

CLEARWATER

State

FL

Zip Code

33755-6506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEORGES AUTO REPAIR & SERVICE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844546

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM NOBLE

Mailing Address 40 N INTERSTATE 35

City

AUSTIN

State

TX

Zip Code

78701-4316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NOBLE STRATEGIC PARTNERS

Occupation

PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861507

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRANDT M. NORQUIST

Mailing Address 2430 GRACELAND AVENUE

City

SAN CARLOS

State

CA

Zip Code

94070-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858975

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. ELVA E. NORTON

Mailing Address 22268 GREAT NORTHERN DRIVE

City

COLD SPRING

State

MN

Zip Code

56320-9781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849911

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. O'BRIEN

Mailing Address 2332 ELM ST

City

BILLINGS

State

MT

Zip Code

59101-0517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849923

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. O'DEA

Mailing Address 81880 GOLDEN STAR WAY

City

LA QUINTA

State

CA

Zip Code

92253-9370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843960

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWARD J. O'HARE

Mailing Address 22500 ORCHARD LAKE ROAD

City

FARMINGTON

State

MI

Zip Code

48336-3242

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COURTLAND ASSOCIATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855147

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARVIN I. OATES

Mailing Address 8615 ELDER CREEK ROAD  
SUITE 200

City State Zip Code  
SACRAMENTO CA 95828

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
BUZZ OATES DEVELOPMENT

Occupation  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12847713

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRIAN OBERLE

Mailing Address 23415 N 82ND ST

City State Zip Code  
SCOTTSDALE AZ 85255-3503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CREATIVE AUDIO

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12841830

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. ODELL

Mailing Address 1607 HANCOCK ST

City State Zip Code  
BELLEVUE NE 68005-3447

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DIGITAL SUPPORT

Occupation  
ASSISTANT TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859819

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5609.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. OLSON

Mailing Address 6306 HUNTOVER LN.

City

N. BETHESDA

State

MD

Zip Code

20852-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OARI

Occupation

PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857557

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. CAREY PAGE

Mailing Address 1467 HIGHLAND COURT

City

ROANOKE

State

TX

Zip Code

76262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861771

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BRYAN M. PARK

Mailing Address 13906 S.W. 216TH STREET

City

VASHON

State

WA

Zip Code

98070-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ONYX HOUSING CORPORATIONS

Occupation

HOUSING DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858338

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAN PARKER

Mailing Address 11760 COMMONWEALTH DRIVE

City

LOUISVILLE

State

KY

Zip Code

40299-2344

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
I. AGENT SOLUTIONS

Occupation

OWNER/MANAGING MEMBER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849738

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS E. PARRINELLI

Mailing Address 490 PORTION ROAD

City

RONKONKOMA

State

NY

Zip Code

11779-4564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MULTY COVER CORPORATION

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844552

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. RANDY PAYNE

Mailing Address 445 JANAN CT

City

CONWAY

State

AR

Zip Code

72034-5606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857324

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

959.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HAROLD PENNINGTON

Mailing Address 7 BLISS ROAD

City

WARREN

State

CT

Zip Code

06777-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12843480

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. PENNISTEN

Mailing Address 135 WILLOW ST  
APT 711

City

BROOKLYN

State

NY

Zip Code

11201-2215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY CITY DEPT OF FINANCE

Occupation  
COMPUTER SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12853067

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH A. PERRICONE

Mailing Address 18 OLD COURSE DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ARMSTRONG/ ROBITAILLE

Occupation  
INSURANCE BROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12843138

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JAY L. PETERS

Mailing Address 3811 DARWIN ROAD

City

DURHAM

State

NC

Zip Code

27707-5307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D.T.C.C.

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864865

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RALPH D. PETERSON

Mailing Address 12 MARINERS POINT

City

CROSSVILLE

State

TN

Zip Code

38558-2771

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 4 / 2 0 0 9

Transaction ID: SA11.12855534

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES PETRINE

Mailing Address 16430 BOOKER T WASHINGTON HWY

City

MONETA

State

VA

Zip Code

24121-6115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

HOMEBUILDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12859657

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

709.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. PHILBIN

Mailing Address 204 N ROBINSON AVE  
STE 800

City State Zip Code  
OKLAHOMA CITY OK 73102-6803

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SPECK PHILBIN

Occupation  
TAX ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842686

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. H. E. PICKLE

Mailing Address 20487 WILDCAT RUN DRIVE

City State Zip Code  
ESTERO FL 33928-2014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841523

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. H. E. PICKLE

Mailing Address 20487 WILDCAT RUN DRIVE

City State Zip Code  
ESTERO FL 33928-2014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847414

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MARTIN PIERCE

Mailing Address 2341 N. SUNTUOSO COURT  
#11

City State Zip Code  
FARMINGTON NM 87401-2188

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859260

Amount of Each Receipt this Period

2250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DICK PINER

Mailing Address 4401 PATTERSON DRIVE

City State Zip Code  
NEW ORLEANS LA 70131

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853762

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WARREN PLUNKETT

Mailing Address 309 21ST STREET S.W.

City State Zip Code  
AUSTIN MN 55912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849574

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM H. POPE

Mailing Address 540 W SMUGGLER ST

City

ASPEN

State

CO

Zip Code

81611-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855924

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J. PORTER

Mailing Address 1829 S.W. 146TH STREET

City

BURIEN

State

WA

Zip Code

98166-1022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846663

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DONALD D. POWELL

Mailing Address 806 ARCADIA DRIVE

City

VACAVILLE

State

CA

Zip Code

95687-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841761

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DANIEL PRADON

Mailing Address 1101 N TRIPP AVE.

City

ODESSA

State

TX

Zip Code

79763-7466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRADON CONSTRUCTION TRUCK

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859929

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY J. PRATER

Mailing Address 3110 HIGHWAY 21 W

City

BRYAN

State

TX

Zip Code

77803-1241

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRATER EQUIPMENT CO., INC.

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840273

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. MARY E. PREDEL

Mailing Address 59 GARNSEY ROAD

City

REXFORD

State

NY

Zip Code

12148-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856900

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2825.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MIMI SPELMAN PRENTICE

Mailing Address 435 E. 52ND STREET  
APARTMENT 12G

City State Zip Code  
NEW YORK NY 10022-6445

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854571

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROY R. PRIEST, JR.

Mailing Address 3242 GOLFING GREEN PLACE

City State Zip Code  
FARMERS BRANCH TX 75234-3760

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843258

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROY R. PRIEST, JR.

Mailing Address 3242 GOLFING GREEN PLACE

City State Zip Code  
FARMERS BRANCH TX 75234-3760

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852861

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN W. PRUETT

Mailing Address PO BOX 1768

City

PORT LAVACA

State

TX

Zip Code

77979-1768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
E-TEX PRODUCTION CO.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848518

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. MARY PUCCIO

Mailing Address 24 E. MAIN STREET

City

BAY SHORE

State

NY

Zip Code

11706-8363

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862973

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JO K. PULVERMACHER

Mailing Address 3240 TIDEGATE CIR.

City

JUPITER

State

FL

Zip Code

33477-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12850517

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. PUMPHREY

Mailing Address 125 PEBBLE RIDGE LANE

City

CRESSON

State

TX

Zip Code

76035-5645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846598

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. KENNETH QUAGENTI

Mailing Address 51 MILLER ROAD

City

FARMINGDALE

State

NY

Zip Code

11735-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858334

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES M. QUINLAN

Mailing Address 1597A COUNTY ROAD 3300 N

City

RANTOUL

State

IL

Zip Code

61866-9757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VERIZON

Occupation  
DESIGNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840277

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1418.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HOLLIS W. RADEMACHER

Mailing Address 1719 LOWELL LANE

City

LAKE FOREST

State

IL

Zip Code

60045-3784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854634

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CLYDE E. RANKIN, III

Mailing Address 10 W. 66TH STREET  
APT 18F

City

NEW YORK

State

NY

Zip Code

10023-6210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUDERT BROTHERS

Occupation  
LAWYER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847573

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEANNE C. RAU FLATTERY

Mailing Address PO BOX 734

City

LEES SUMMIT

State

MO

Zip Code

64063-0734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MILLENNIUM INTL.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846352

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOE F. RAYL

Mailing Address P.O. BOX 197

City

BOLIVAR

State

MO

Zip Code

65613-3127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845690

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BEVERLY J. RAZOOK

Mailing Address 5150 E. COPA DE ORO DRIVE

City

ANAHEIM

State

CA

Zip Code

92807-3639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847195

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT H. READ, JR.

Mailing Address 40 COMMERCIAL WAY

City

EAST PROVIDENCE

State

RI

Zip Code

02914-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LONDON AGENCY LTD.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12839060

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD REILLY, JR.

Mailing Address P.O. BOX 9

City

LEAVENWORTH

State

KS

Zip Code

66048

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851226

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DONNA J. REISNER

Mailing Address 93 WESTLAKE CIR.

City

PALM SPRINGS

State

CA

Zip Code

92264-5538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12859885

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. LEANORA REMILLARD

Mailing Address 3233 N.E. 34TH STREET  
APARTMENT 1410

City

FT LAUDERDALE

State

FL

Zip Code

33308-6922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation  
RETIRED

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846141

Amount of Each Receipt this Period

355.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

914.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH T. RENN

Mailing Address PO BOX 176

City

IRON MOUNTAIN

State

MI

Zip Code

49801-0176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861099

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. REYNOLDS

Mailing Address 1104 RIO CIDADE WAY

City

SACRAMENTO

State

CA

Zip Code

95831-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840276

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT E. RHEA

Mailing Address 180 E. PEARSON STREET  
APARTMENT 570

City

CHICAGO

State

IL

Zip Code

60611-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864342

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

5459.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. RHINE

Mailing Address 4278 BURNWOOD TRL

City

DENVER

State

NC

Zip Code

28037-6212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RHINE ENTERPRISES

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843961

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWARD RICHMOND, SR.

Mailing Address 12489 GRAVOIS SUB RD

City

GONZALES

State

LA

Zip Code

70737-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12860895

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. DONALD L. ROBERTS

Mailing Address 5414 WALTER HAGEN DRIVE

City

BILLINGS

State

MT

Zip Code

59106-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
MEDICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841505

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. BONNIE B. ROBINSON

Mailing Address 9037 HERITAGE BAY CIRCLE

City

ORLANDO

State

FL

Zip Code

32836-5063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860313

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS R. ROBINSON

Mailing Address 8850 VALMONT RD

City

BOULDER

State

CO

Zip Code

80301-4835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EASYLITE

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847206

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ANA L. RODAS

Mailing Address 2723 SALEROSO DRIVE

City

ROWLAND HEIGHTS

State

CA

Zip Code

91748-4367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12857773

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

809.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EDUARDO A. RODRIGUEZ

Mailing Address 4110 RIO BRAVO ST  
STE 103

City State Zip Code  
EL PASO TX 79902-1026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
STRATEGIC COMMUNICATION  
CONSULTING

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847119

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. LUTHER S. ROEHM

Mailing Address 103 PLEASANT VALLEY WAY

City State Zip Code  
WEST ORANGE NJ 07052-2905

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849789

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DONNA F. ROWLES

Mailing Address 1220 FAGIN DRIVE

City State Zip Code  
COLORADO SPRINGS CO 80915-2209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855283

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH M. RUFFIN

Mailing Address 1707 JARVIS STREET

City

RALEIGH

State

NC

Zip Code

27608-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852591

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JENS P. RUMMLER

Mailing Address PO BOX 64

City

OSCAR

State

LA

Zip Code

70762-0064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848739

Amount of Each Receipt this Period

700.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. NANCY RYAN

Mailing Address 46 RIDGE ROAD

City

BARRINGTON

State

IL

Zip Code

60010-9614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864827

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GEORGE J. SAKALDASIS

Mailing Address 1379 LYON COURT

City

LIVERMORE

State

CA

Zip Code

94551-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAWRENCE LIVERMORE NATION-  
AL LAB

Occupation

EXECUTIVE STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852392

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. OSCAR E. SALDANA

Mailing Address 2000 OLD WEST CHESTER PIKE

City

HAVERTOWN

State

PA

Zip Code

19083-2712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHILD GUIDANCE RESOURCE  
CENTER

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854747

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J. SALIBA

Mailing Address 1935 N MOHAWK ST.

City

CHICAGO

State

IL

Zip Code

60614-5219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INTL. TRADING INSTITUTE

Occupation

SECURITIES TRADING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854917

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. GEORGE SAN MIGUEL

Mailing Address 281 PUESTA DEL SOL

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12839085

Amount of Each Receipt this Period

179.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. GEORGE SAN MIGUEL

Mailing Address 281 PUESTA DEL SOL

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854817

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. EDWIN C. SANDHAM

Mailing Address 1964 SW SAINT ANDREWS DRIVE

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854151

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

729.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. DORA R. SANTARELLI

Mailing Address 300 N 3RD ST

City

MINERSVILLE

State

PA

Zip Code

17954-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850216

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN B. SARDISCO

Mailing Address 18536 S. MISSION HILLS AVENUE

City

BATON ROUGE

State

LA

Zip Code

70810-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANALYTICAL SERVICES INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858242

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK A. SASAK

Mailing Address 1049 CROSSRIDGE DR

City

BRENTWOOD

State

CA

Zip Code

94513-1860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BEVERAGE CANS AMERICAS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

SUPERVISOR

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861046

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

918.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. HELEN H. SATHER

Mailing Address P.O. BOX 74

City

ROUND LAKE

State

MN

Zip Code

56167-0074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842749

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MISS ALICE F. SAUNDERS

Mailing Address 1 SKYLINE DRIVE  
APARTMENT 3410

City

MEDFORD

State

OR

Zip Code

97504-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854719

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ARIF D. SAURATHIA

Mailing Address 317 TOWNE HOUSE LN  
STE 128

City

RICHARDSON

State

TX

Zip Code

75081-3525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW STAR BUFFET AND RESTA-  
URANT

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842678

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. BEVERLY SCHNEIDER

Mailing Address 1016 PHEASANT RIDGE LANE

City

PRINCETON

State

IL

Zip Code

61356-8616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844737

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ALICE SCHOENFELD

Mailing Address 300 N. SWALL DRIVE  
UNIT 203

City

BEVERLY HILLS

State

CA

Zip Code

90211-4731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852447

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DUANE SCHONEWEIS

Mailing Address P.O. BOX 155

City

MEDFORD

State

OK

Zip Code

73759-0155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844179

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. VALERIE A. SCHWEITZER

Mailing Address PO BOX 8

City

NORTH LAKE

State

WI

Zip Code

53064-0008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COREY OIL LTD.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12844547

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. SHARON SCOTT

Mailing Address 415 N. FOREST RIDGE BLVD.

City

BROKEN ARROW

State

OK

Zip Code

74014-2761

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847684

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J. SCRIVNER

Mailing Address 7971 OWENS ROAD

City

MINOCQUA

State

WI

Zip Code

54548-9576

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FOSTER AND SMITH INC.

Occupation

CERTIFIED PUBLIC ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864814

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID R. SEBASTIAN

Mailing Address 4 CORNELIA DR.

City

GREENWICH

State

CT

Zip Code

06830-3906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GREENWICH REAL ESTATE DEV-  
ELOPMENT LLC

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12860896

Amount of Each Receipt this Period

900.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

JEAN SEITZ

Mailing Address 777 CHORRO STREET  
APARTMENT 3

City

SAN LUIS OBISPO

State

CA

Zip Code

93401-2794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858753

Amount of Each Receipt this Period

205.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARL SELAVKA

Mailing Address 73 N. MAPLE STREET

City

HADLEY

State

MA

Zip Code

01035-9770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856561

Amount of Each Receipt this Period

240.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1345.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DARRELL L. SELLS

Mailing Address 575 MALL BLVD.  
STE M.

City State Zip Code  
DYERSBURG TN 38024-1662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DL SALES INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848741

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WINSTON G. SEXTON

Mailing Address 600 LEOPARD ST  
STE 1900

City State Zip Code  
CORPUS CHRISTI TX 78473-0065

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PETROLEUM GEOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857350

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. LOREN E. SHANNON

Mailing Address 12348 STANLEY CANYON ROAD

City State Zip Code  
COLORADO SPRINGS CO 80921-3670

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CIBAR, INC.

Occupation  
C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847631

Amount of Each Receipt this Period

340.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1040.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD LEON SHOWALTER

Mailing Address 8016 S. VILLA AVENUE

City

OKLAHOMA CITY

State

OK

Zip Code

73159-4825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855573

Amount of Each Receipt this Period

450.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RIC SHREWSBURY

Mailing Address 617 NW 40TH ST

City

SEATTLE

State

WA

Zip Code

98107-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN TOWBOAT COMPANY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

OWNER

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848673

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ERNESTINE A. SHRINER

Mailing Address 1807 CAPITOL AVE  
STE 100

City

CHEYENNE

State

WY

Zip Code

82001-4558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACTION ADS INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DIRECTOR

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840258

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT W. SIDES

Mailing Address 257 OCEAN AVENUE

City

MARBLEHEAD

State

MA

Zip Code

01945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840211

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HAROLD C. SIMMONS

Mailing Address 5430 LYNDON B. JOHNSON FREEWAY  
SUITE 1700

City

DALLAS

State

TX

Zip Code

75240-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONTRAN CORPORATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

C E O

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860724

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. BERKELEY SIMONDS

Mailing Address 1171 S STELLING RD

City

CUPERTINO

State

CA

Zip Code

95014-5025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854821

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ROY SIMPERMAN

Mailing Address 5609 80TH AVE SE

City

MERCER ISLAND

State

WA

Zip Code

98040-4831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SEMAPHORE CORP

Occupation

CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12862183

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. HOWARD C. SMITH

Mailing Address 2904 DIAMOND A. DRIVE

City

ROSWELL

State

NM

Zip Code

88201-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855458

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES SMITH

Mailing Address 12750 S. PIPELINE RD

City

EULESS

State

TX

Zip Code

76040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DALWORTH CLEAN

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12862868

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LAWRENCE M. SMITH

Mailing Address 2840 NW 35TH AVENUE

City

PORTLAND

State

OR

Zip Code

97210-1643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JOURNAL GRAPHICS

Occupation

EXECUTIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852763

Amount of Each Receipt this Period

505.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD LYNN SMITH

Mailing Address 1580 MILLCREEK WAY  
# A

City

SALT LAKE CTY

State

UT

Zip Code

84106-3230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SMITH ADMINISTRATIONS

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850431

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES T. SMYTHE

Mailing Address 511 E. MAIN STREET

City

MURFREESBORO

State

TN

Zip Code

37130-3938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J. SMYTHE LEASING

Occupation

OWNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12839672

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1055.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARY F. SNAER

Mailing Address PO BOX 1568

City

LAKE ARROWHEAD

State

CA

Zip Code

92352-1568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.42527016

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. BARBARA W. SOBEY

Mailing Address 12000 N. 90TH STREET #1022

City

SCOTTSDALE

State

AZ

Zip Code

85260-8629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854818

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. ILONA R. SOLDES

Mailing Address 10 GRISTMILL LANE

City

GREAT NECK

State

NY

Zip Code

11023-1813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841534

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DRIVE

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846678

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DRIVE

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858645

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN S. SOMERVILLE, JR.

Mailing Address 174 BUTTONWOOD DRIVE

City

FAIR HAVEN

State

NJ

Zip Code

07704-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864569

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARVEY SORENSEN

Mailing Address 1551 N. WATERFRONT PARKWAY  
SUITE 100

City State Zip Code  
WICHITA KS 67206-6605

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12839890

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SPANGLER

Mailing Address 3196 N. ALLEGHENY COURT

City State Zip Code  
WESTLAKE VILLAGE CA 91362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL SENIOR ASSOCIATES  
CO., LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VICE PRESIDENT - OPERATIONS

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861981

Amount of Each Receipt this Period

56.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SPANGLER

Mailing Address 3196 N. ALLEGHENY COURT

City State Zip Code  
WESTLAKE VILLAGE CA 91362

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NATIONAL SENIOR ASSOCIATES  
CO., LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

VICE PRESIDENT - OPERATIONS

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861982

Amount of Each Receipt this Period

56.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

362.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SPANGLER

Mailing Address 3196 N. ALLEGHENY COURT

City

WESTLAKE VILLAGE

State

CA

Zip Code

91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL SENIOR ASSOCIATES  
CO., LLC

Occupation

VICE PRESIDENT - OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861983

Amount of Each Receipt this Period

56.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM SPANGLER

Mailing Address 3196 N. ALLEGHENY COURT

City

WESTLAKE VILLAGE

State

CA

Zip Code

91362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NATIONAL SENIOR ASSOCIATES  
CO., LLC

Occupation

VICE PRESIDENT - OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861984

Amount of Each Receipt this Period

56.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PETER F. SPANO

Mailing Address 711 SEAGATE DRIVE

City

DELRAY BEACH

State

FL

Zip Code

33483-8427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MERCATOR ASSET MANAGEMENT  
L.P.

Occupation

INVESTMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12861342

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

612.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. DONALD M. SPENCE

Mailing Address 7254 RIVER GLEN DR.

City

FISHERS

State

IN

Zip Code

46038-2746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855561

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P. SPENCER

Mailing Address 1313 MOUNT RUSHMORE ROAD

City

RAPID CITY

State

SD

Zip Code

57701-4580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

DENTAL TECHNICIAN

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848200

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK SPOLTON

Mailing Address PO BOX 1197

City

DENVER CITY

State

TX

Zip Code

79323-1197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
T AND C. TANK RENTAL AND  
ANCHOR SVC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855549

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

3009.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. NEIL A. SPRINGER

Mailing Address 1946 BRENTWOOD LANE E.

City

WHEATON

State

IL

Zip Code

60189-8544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845694

Amount of Each Receipt this Period

509.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. COLBY L. STAFFORD

Mailing Address 5456 SE INTERNATIONAL WAY

City

PORTLAND

State

OR

Zip Code

97222-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PACIFIC RIM MANUFACTURING

Occupation

TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843966

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MURRAY S. STEARNS

Mailing Address 73 MYRTLE AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12842023

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

834.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MURRAY S. STEARNS

Mailing Address 73 MYRTLE AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12853129

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. MURRAY S. STEARNS

Mailing Address 73 MYRTLE AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864334

Amount of Each Receipt this Period

75.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. MARJORIE M. STEINMETZ

Mailing Address 2462 N. PROSPECT AVEANUVE  
APARTMENT 302

City

MILWAUKEE

State

WI

Zip Code

53211-4450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849913

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT STEPHENS

Mailing Address 14710 S FM 548

City

ROCKWALL

State

TX

Zip Code

75032-8257

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEPHENS-HINSON AND ASSOC-  
IATES INC.

Occupation

ENGINEER / MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843980

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD G. STEWART

Mailing Address 16565 VILLAGE DRIVE

City

HOUSTON

State

TX

Zip Code

77040-1124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STEWART BLDG

Occupation

CONSTRUCTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853824

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JULIAN R. STEWART

Mailing Address P.O. BOX 369  
SUITE 4

City

CLAYTON

State

NC

Zip Code

27528-0369

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMFORT HOMES INC.

Occupation

RES. CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852438

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL S. STEWART

Mailing Address 12310 MOSSYCUP DRIVE

City

HOUSTON

State

TX

Zip Code

77024-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IMPORT TRADERS INC.

Occupation

SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846602

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DONALD STOKES, JR.

Mailing Address P.O. BOX 862

City

BOYNTON BEACH

State

FL

Zip Code

33425-0862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STOKES INDUSTRIES INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846099

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JEANETTE T. STOKELY

Mailing Address PO BOX 5099

City

ZIONSVILLE

State

IN

Zip Code

46077-5099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12850159

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1209.00

**TOTAL** This Period (last page this line number only) .....



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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM J. STOLTIE

Mailing Address 4060 ARBOLADO DR

City

WALNUT CREEK

State

CA

Zip Code

94598-4616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNION BANK

Occupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846611

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVE STOUT

Mailing Address RR 1 BOX 47

City

BRIDGEPORT

State

WV

Zip Code

26330-9317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848217

Amount of Each Receipt this Period

409.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843986

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1118.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230-0608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853289

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. YOLANDE H. STRAWINSKI

Mailing Address 1130 SYLVAN PLACE

City

MONTEREY

State

CA

Zip Code

93940-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK LIFE INSURANCE  
COMPANY

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 5 / 2 0 0 9

Transaction ID: SA11.12841770

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. YOLANDE H. STRAWINSKI

Mailing Address 1130 SYLVAN PLACE

City

MONTEREY

State

CA

Zip Code

93940-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NEW YORK LIFE INSURANCE  
COMPANY

Occupation  
INSURANCE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846748

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RONALD STREMMING

Mailing Address 956 OSAGE AVE

City

KANSAS CITY

State

KS

Zip Code

66105-1848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WESTERN ENTERPRISE INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843212

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

KATHRYN STRONG

Mailing Address 26 LAGORIO CT

City

ALAMEDA

State

CA

Zip Code

94502-7747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HARRY MASON INC

Occupation

RETAIL SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 7 / 2 0 0 9

Transaction ID: SA11.12848650

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHERINE F. STROUGH

Mailing Address 223 HOLLISTER WAY N

City

GLASTONBURY

State

CT

Zip Code

06033-3100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847751

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

809.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. MYRON M. STUPSKER

Mailing Address 3336 KENWOOD BLVD.

City

TOLEDO

State

OH

Zip Code

43606-2805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844191

Amount of Each Receipt this Period

400.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EUGENE G. SUKUP

Mailing Address 1379 BEEDS LAKE DRIVE

City

HAMPTON

State

IA

Zip Code

50441-7437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
BOARD CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858337

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. OTONIEL R. SULLESTA

Mailing Address 412 WHO WHO DR

City

CARLSBAD

State

NM

Zip Code

88220-8847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEDICAL IMAGAGING OF CARL-  
SBAD

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843997

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GARY J. SUMMERS

Mailing Address 2570 W. EL CAMINO REAL  
SUITE 550

City State Zip Code  
MOUNTAIN VIEW CA 94040-1310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SILICON VALLEY EXPERT WIT-  
NESS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853691

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. EDMUND C. SUMNER

Mailing Address 24 SOUTHMOOR DR

City State Zip Code  
CLAYTON MO 63105-3017

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12847808

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT SUNDERLAND

Mailing Address 953 PYRITE AVENUE

City State Zip Code  
HENDERSON NV 89011-3059

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843261

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. SUNDSTROM

Mailing Address 405A ROSENEATH ROAD  
APARTMENT 1

City State Zip Code  
RICHMOND VA 23221-2324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840254

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN H. SUNDSTROM

Mailing Address 405A ROSENEATH ROAD  
APARTMENT 1

City State Zip Code  
RICHMOND VA 23221-2324

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861000

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT C. SUPPE

Mailing Address 52 WOOLENS RD

City State Zip Code  
ELKTON MD 21921-1816

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
STEEL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843999

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1509.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. KERMIT SUTTON

Mailing Address 715 10TH ST S

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861872

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PERRY R. SWANSON

Mailing Address 1700 GRANDVIEW AVENUE  
APARTMENT 403

City

PITTSBURGH

State

PA

Zip Code

15211-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWANSON GROUP LIMITED

Occupation  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 9

Transaction ID: SA11.12840077

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. PERRY R. SWANSON

Mailing Address 1700 GRANDVIEW AVENUE  
APARTMENT 403

City

PITTSBURGH

State

PA

Zip Code

15211-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SWANSON GROUP LIMITED

Occupation  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12845904

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. PERRY R. SWANSON

Mailing Address 1700 GRANDVIEW AVENUE  
APARTMENT 403

City State Zip Code  
PITTSBURGH PA 15211-1050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SWANSON GROUP LIMITED

Occupation  
SALESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12863282

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. SUPOJ TANCHAJJA

Mailing Address 8 CROMWELL CIRCLE

City State Zip Code  
STATEN ISLAND NY 10304-1102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851843

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. JO ANNE TEETER

Mailing Address 4207 NE KIMBAL ROAD

City State Zip Code  
TOPEKA KS 66617-1569

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851228

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD B. THALER

Mailing Address 269 ASBURY RD

City

LANSING

State

NY

Zip Code

14882-8910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THALER AND THALER

Occupation  
ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843967

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. DANIEL C. THOMAS

Mailing Address 135 W. GOBBI STREET  
SUITE 200

City

UKIAH

State

CA

Zip Code

95482-5477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MORENO AND CO.

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860345

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. KHALIL P. THOMAS

Mailing Address 8200 HORSESHOE BEND LANE

City

LAS VEGAS

State

NV

Zip Code

89113-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849566

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

STUART THOMASON

Mailing Address 4808 VANDERHILL RD

City

TORRANCE

State

CA

Zip Code

90505-4340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12861011

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES H. THOMPSON

Mailing Address 7718 E. WATERMARK DRIVE

City

FINDLAY

State

OH

Zip Code

45840-7709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12854475

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CHARLES C. TILGHMAN

Mailing Address 6403 NW GRAND BLVD

City

NICHOLS HILLS

State

OK

Zip Code

73116-6526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
INVESTMENTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856718

Amount of Each Receipt this Period

350.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

859.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. TONER

Mailing Address 222 FOX HOUND DRIVE

City

LAFAYETTE HILL

State

PA

Zip Code

19444-1326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TONER CABLE EQUIPMENT, IN-  
C.

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846018

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ERMA JEAN TRACY

Mailing Address 2232 RACQUET HILL

City

SANTA ANA

State

CA

Zip Code

92705-3173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRACY INDUSTRIES

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848006

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. KATHRYN J. TRAPP

Mailing Address 855 BROADVIEW PL

City

COLORADO SPGS

State

CO

Zip Code

80904-1801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

K AND M EQUIPMENT COMPANY

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12854748

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. EUGENE TRAUTLEIN

Mailing Address 1860 NATURES CT

City

LINDENHURST

State

IL

Zip Code

60046-1716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12872005

Amount of Each Receipt this Period

-500.00

CONTRIBUTION

CHARGED BACK

**B.**

Full Name (Last, First, Middle Initial)

MR. GERALD TROLZ

Mailing Address 3714 BENT OAK TRAIL

City

ELKHART

State

IN

Zip Code

46517-3871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GASHER STAMPING COMPANY

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 3 / 2 0 0 9

Transaction ID: SA11.12856813

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT S. TROTH

Mailing Address 18 SAINT CHARLES SQUARE

City

HUNTSVILLE

State

AL

Zip Code

35801-2848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12861360

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ROY B. TUCK, JR.

Mailing Address 3378 SAVAGE FORKS ROAD

City

LEESVILLE

State

LA

Zip Code

71446-7846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848223

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. BRUCE E. TURNER

Mailing Address 1750 VALLEY VIEW LN  
STE 120

City

DALLAS

State

TX

Zip Code

75234-9010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BENNETT WESTON @ LAJONE

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848669

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHNNY R. TURNER

Mailing Address 2402 OLD BERMUDA HUNDRED ROAD

City

CHESTER

State

VA

Zip Code

23836-5409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
QWIK STOP 1

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848687

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. ELIZABETH ANN TWEEDY

Mailing Address 4340 STRATFORD DR

City

BOISE

State

ID

Zip Code

83704-3356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12860942

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. ROBERT L. TYSINGER

Mailing Address 694 SPARTAN DRIVE

City

LEXINGTON

State

NC

Zip Code

27292-6333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846645

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL W. UHRENBACHER

Mailing Address 281 SHORE DRIVE  
UNIT-A

City

BURR RIDGE

State

IL

Zip Code

60527-5856

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEWAG INC. A NEW JERSEY  
CORP.

Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855187

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

759.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MARGARET G. UNKEL

Mailing Address 27 BAYVIEW LANE

City

AMITYVILLE

State

NY

Zip Code

11701-3924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864687

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. ROBIN S. VAIL

Mailing Address 7582 HOLLYRIDGE RD.

City

JACKSONVILLE

State

FL

Zip Code

32256-7147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
PSYCHOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843964

Amount of Each Receipt this Period

1250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. SHEILA VALENTI

Mailing Address 2388 NE 30TH CT

City

LIGHTHOUSE POINT

State

FL

Zip Code

33064-8133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 3 1 / 2 0 0 9

Transaction ID: SA11.12863520

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. LAURENCE F. VALLE

Mailing Address 10024 SW 130TH TER

City

MIAMI

State

FL

Zip Code

33176-5613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VALLE, CRAIG, CIOLI & LYN-  
OTT PA

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA11.12842551

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTIAAN J. VANDENBERG

Mailing Address 10387 DUNSFORD DR

City

LONE TREE

State

CO

Zip Code

80124-9794

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEAK COLORADO LLC

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12841813

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. JOAN A. VANDENHEUVEL

Mailing Address 124 RIVERWOOD ROAD

City

NAPLES

State

FL

Zip Code

34114-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12846226

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. JOAN A. VANDENHEUVEL

Mailing Address 124 RIVERWOOD ROAD

City

NAPLES

State

FL

Zip Code

34114-3936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849436

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOEY VILLARREAL

Mailing Address 601 THELMA DR APT 102

City

SAN ANTONIO

State

TX

Zip Code

78212-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BLUESTAR BREWING CO

Occupation  
BREWER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12856130

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN J. VINCIGUERRA

Mailing Address 19640 HORACE ST

City

CHATSWORTH

State

CA

Zip Code

91311-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CREATIVE CONCEPTS GROUP,  
INC.

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12855550

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

959.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. RUTO VITOLS

Mailing Address 420 PLEASANT VALLEY AVENUE

City

MOORESTOWN

State

NJ

Zip Code

08057-2612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848245

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. CAROLYN D. VON SCHNELL

Mailing Address 1343 PHOENIX RD

City

SPARKS GLENCO

State

MD

Zip Code

21152-9302

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848684

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT F. WADE

Mailing Address 745 RIVER GATE DRIVE

City

ATLANTA

State

GA

Zip Code

30350-4621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853859

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

809.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HARVEY WALKER

Mailing Address 612 LARK RD

City

HOPE

State

KS

Zip Code

67451-9103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALKER FARM & FEEDLOT INC.

Occupation  
OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848683

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

DR. JAMES A. WALKER

Mailing Address PO BOX 680706

City

FORT PAYNE

State

AL

Zip Code

35968-1608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WALKER & ISBELL SURGEONS

Occupation  
GENERAL SURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847189

Amount of Each Receipt this Period

375.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MISS LORE WALMSLEY

Mailing Address 405 W. MACARTHUR STREET  
APARTMENT 117

City

SONOMA

State

CA

Zip Code

95476-7458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12844679

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1084.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. CHARLES R. WARD

Mailing Address 9087 MEADOWRUN WAY

City

SAN DIEGO

State

CA

Zip Code

92129-3330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHROP GRUMMANOccupation  
ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12853280

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. PHILLIP WARTH, JR.

Mailing Address 2957 INDEPENDENCE AVE

City

GLENVIEW

State

IL

Zip Code

60026-7727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
XYZ CO.Occupation  
MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843982

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. MICHAEL WATTENBARGER

Mailing Address 1624 STERLING ROAD

City

CHARLOTTE

State

NC

Zip Code

28209-1548

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ORTHO CAROLINAOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849414

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. DAVE WEDELL

Mailing Address 608 EASTON ROAD  
SUITE A.

City State Zip Code  
WILLOW GROVE PA 19090-2528

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843029

Amount of Each Receipt this Period

400.00

CONTRIBUTION

ATtribution TO PARTNERS  
REQUESTED

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH C. WEIS

Mailing Address 2227 7TH ST NW

City State Zip Code  
ROCHESTER MN 55901-0206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WEIS BUILDERS, INC.

Occupation

CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848675

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT F. WEIS

Mailing Address 1000 S. 2ND STREET

City State Zip Code  
SUNBURY PA 17801-3318

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12852616

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN D. WEISS

Mailing Address 8672 N BOBBY JONES DR

City

TUCSON

State

AZ

Zip Code

85742-9129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857393

Amount of Each Receipt this Period

600.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS LOREN W. WELLS

Mailing Address 2210 BREVARD RD

City

HENDERSONVILLE

State

NC

Zip Code

28791-3110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12848013

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. GLORIA WENGERT

Mailing Address 3803 ATRISCO DR.NW STE D

City

ALBUQUERQUE

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
DENTIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847316

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN A. WESTBROCK

Mailing Address 13301 87TH PL N  
STE 305

City State Zip Code  
MAPLE GROVE MN 55369-4661

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
UTILITIES SYSTEMS SOFTWARE  
INC

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA11.12840260

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. DELORES M. WHALEN

Mailing Address 5532 PEARCE AVE

City State Zip Code  
LAKEWOOD CA 90712-2057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847143

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MS. DELORES M. WHALEN

Mailing Address 5532 PEARCE AVE

City State Zip Code  
LAKEWOOD CA 90712-2057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12857632

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LESLIE B. WHEELER

Mailing Address 5290 SW LANDING SQUARE  
APT 17City State Zip Code  
PORTLAND OR 97239-5931FEC ID number of contributing  
federal political committee.**C**Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	0	9

Transaction ID: SA11.12860956

Amount of Each Receipt this Period

209.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. RAYMOND LAIRD WHIPPLE

Mailing Address H.C. 34 BOX 210

City State Zip Code  
CALIENTE NV 89008-9605FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	0	9

Transaction ID: SA11.12840043

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MRS. BONNIE L. WHITECOON

Mailing Address P.O. BOX 291

City State Zip Code  
ATMORE AL 36504-0291FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SELF-EMPLOYEDOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	0	9

Transaction ID: SA11.12847194

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

1209.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. MILDRED WHITEHURST

Mailing Address 1601 43RD STREET N.  
APARTMENT 110

City State Zip Code  
SAINT PETERSBURG FL 33713-4600

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858310

Amount of Each Receipt this Period

309.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN W. WIGGINS, JR.

Mailing Address 205 BRWIG ROAD

City State Zip Code  
SPRING HOPE NC 27882

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12859302

Amount of Each Receipt this Period

225.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. DELOS D. WILAM

Mailing Address 1335 3RD AVENUE  
APARTMENT 200

City State Zip Code  
LONGVIEW WA 98632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 0 / 2 0 0 9

Transaction ID: SA11.12864308

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

834.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MRS. LYNN C. WILKINS

Mailing Address 56 FORSYTHE SQ

City

MOBILE

State

AL

Zip Code

36608-2400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11.12858721

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. JERRY WILLIAMSON

Mailing Address 6700 DENTON DRIVE

City

DALLAS

State

TX

Zip Code

75235-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMSON PRINTING CORPO-  
RATION

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12846935

Amount of Each Receipt this Period

100.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. JERRY WILLIAMSON

Mailing Address 6700 DENTON DRIVE

City

DALLAS

State

TX

Zip Code

75235-4433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WILLIAMSON PRINTING CORPO-  
RATION

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855165

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DR. M. ROBERT WILSON

Mailing Address 861 W VIA OLIVERA

City

PALM SPRINGS

State

CA

Zip Code

92262-2769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: SA11.12843225

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MRS. ELAINE WIRTH

Mailing Address 52 THERESA BLVD.

City

WAPPINGERS FL

State

NY

Zip Code

12590-5812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER  
BEST EFFORTS

Occupation  
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842525

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. PAMELA K. WOODARD, M.D.

Mailing Address 510 S KINGSHIGHWAY BLVD

City

SAINT LOUIS

State

MO

Zip Code

63110-1016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MALLINCKRODT INSTITUTE OF  
RADIOLOGY

Occupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12841821

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MS. PATSY H. WRIGHT

Mailing Address 1013 COLONY PLACE

City

METAIRIE

State

LA

Zip Code

70003-2335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD WRIGHT & ASSOCIAT-  
ES

Occupation

TREASURER/SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847706

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. PATSY H. WRIGHT

Mailing Address 1013 COLONY PLACE

City

METAIRIE

State

LA

Zip Code

70003-2335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RICHARD WRIGHT & ASSOCIAT-  
ES

Occupation

TREASURER/SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: SA11.12861629

Amount of Each Receipt this Period

150.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

DR. JANET WU

Mailing Address P.O. BOX 172

City

SAN CARLOS

State

CA

Zip Code

94070-0172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WELLNESS SELF CARE CENTER

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12860485

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY T. YEUNG

Mailing Address 1635 E. MYRTLE AVENUE  
SUITE 100

City State Zip Code  
PHOENIX AZ 85020-5501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AIRZONA INSTITUTE FOR MIN-  
IMUM

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11.12851204

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MS. L. ANN ZDANSKY

Mailing Address 14500 NORTH FWY

City State Zip Code  
HOUSTON TX 77090-6808

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
THE COMMON SOURCE INC.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 9 / 2 0 0 9

Transaction ID: SA11.12848671

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. SAMMY R. ZHU

Mailing Address 525 7TH AVENUE  
ROOM 2318

City State Zip Code  
NEW YORK NY 10018-4923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
FASHION RIVER

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 3 / 2 0 0 9

Transaction ID: SA11.12846631

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. HERBERT R. ZICK

Mailing Address 7306 WINDSOR DRIVE

City

BOULDER

State

CO

Zip Code

80301-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12847227

Amount of Each Receipt this Period

200.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

MR. HERBERT R. ZICK

Mailing Address 7306 WINDSOR DRIVE

City

BOULDER

State

CO

Zip Code

80301-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA11.12849930

Amount of Each Receipt this Period

20.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

MR. CARLOS ZUMARRAGA

Mailing Address 9124 NW 105TH CIR

City

MEDLEY

State

FL

Zip Code

33178-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ZUMA & SONS DISTRIBUTORS

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 2 / 2 0 0 9

Transaction ID: SA11.12843994

Amount of Each Receipt this Period

300.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

4C TOWN AND COUNTRY PARTNERS, L.P.

Mailing Address 432 VICTORIAN DRIVE

City

WAXAHACHIE

State

TX

Zip Code

75165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12842885

Amount of Each Receipt this Period

500.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**B.**

Full Name (Last, First, Middle Initial)

BOS DAIRY, L.L.C.-SOUTH

Mailing Address 303 E. STATE HIGHWAY 83  
H.C. 70 BOX 34A

City

LOVINGTON

State

NM

Zip Code

88260

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843045

Amount of Each Receipt this Period

2001.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**C.**

Full Name (Last, First, Middle Initial)

CARNEY MANAGEMENT, L.L.C.

Mailing Address 10 S. RIVERSIDE PLAZA

City

CHICAGO

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843038

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**SUBTOTAL** of Receipts This Page (optional) .....

3501.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
CROMWELL A.A.A. SELF STORAGE, L.L.C.

Mailing Address 10 HILLSIDE ROAD

City State Zip Code  
CROMWELL CT 06416

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843034

Amount of Each Receipt this Period

300.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**B.**

Full Name (Last, First, Middle Initial)  
JUNO RESEARCH, L.L.C.

Mailing Address 10101 HARWIN DRIVE  
SUITE 300

City State Zip Code  
HOUSTON TX 77036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843035

Amount of Each Receipt this Period

600.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**C.**

Full Name (Last, First, Middle Initial)  
R. & M. CHRISTOPHER FAMILY, L.L.P.

Mailing Address 27891 N. 100TH WAY

City State Zip Code  
SCOTTSDALE AZ 85262

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843031

Amount of Each Receipt this Period

500.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 342

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

TOTOLO CONSTRUCTION, L.L.C.

Mailing Address 1138 N. GERMANTOWN PARKWAY  
SUITE 101City State Zip Code  
CORDOVA TN 38016FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1501.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12843040

Amount of Each Receipt this Period

1501.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS  
REQUESTED

SUBTOTAL of Receipts This Page (optional) ▶

1501.00

TOTAL This Period (last page this line number only) ▶

346969.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
ABBOTT LABORATORIES EMPLOYEE PACMailing Address 100 ABBOTT PARK ROAD  
SUITE D312, NO. AP6D-3City State Zip Code  
ABBOTT PARK IL 60064FEC ID number of contributing  
federal political committee.**C** C00040279

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	6	/	2	0	0	9

Transaction ID: SA11.12864665

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**Full Name (Last, First, Middle Initial)  
ACTION COMMITTEE FOR RURAL ELECTRIFICATION

Mailing Address 4301 WILSON BLVD.

City State Zip Code  
ARLINGTON VA 22203-1867FEC ID number of contributing  
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	9

Transaction ID: SA11.12855524

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**Full Name (Last, First, Middle Initial)  
ALTRIA GROUP, INC. PACMailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400WCity State Zip Code  
WASHINGTON DC 20001-2155FEC ID number of contributing  
federal political committee.**C** C00089136

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	6	/	2	0	0	9

Transaction ID: SA11.12847708

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) .....

45000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
AMERICA'S HEALTH INSURANCE PLANS PAC

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 500

City State Zip Code  
WASHINGTON DC 20004-2601

FEC ID number of contributing  
federal political committee. **C** C00106740

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12855525

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
AMERICAN COUNCIL OF LIFE INSURERS PAC

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 700

City State Zip Code  
WASHINGTON DC 20001-2133

FEC ID number of contributing  
federal political committee. **C** C00147066

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12864671

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
AMERICAN OCCUPATIONAL THERAPY ASSOCIATION INC. PAC

Mailing Address 4720 MONTGOMERY LANE  
PO BOX 31220

City State Zip Code  
BETHESDA MD 20814-1220

FEC ID number of contributing  
federal political committee. **C** C00089086

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847722

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

25000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

BLANK ROME PAC

Mailing Address 600 NEW HAMPSHIRE AVENUE NW

City

WASHINGTON

State

DC

Zip Code

20037-2403

FEC ID number of contributing  
federal political committee.

**C**

C00150797

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12864672

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC

Mailing Address P.O. BOX 961039

City

FORT WORTH

State

TX

Zip Code

76161-0039

FEC ID number of contributing  
federal political committee.

**C**

C00235739

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855529

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

CONGRESSIONAL MAJORITY COMMITTEE

Mailing Address P.O. BOX 746

City

BAKERSFIELD

State

CA

Zip Code

93302-3725

FEC ID number of contributing  
federal political committee.

**C**

C00117721

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847725

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

35000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVENUE NW  
SUITE 560

City State Zip Code  
WASHINGTON DC 20004-1745

FEC ID number of contributing  
federal political committee. **C** C00163832

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12847712

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20004-2601

FEC ID number of contributing  
federal political committee. **C** C00007880

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11.12855523

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC

Mailing Address 520 S GRAND AVENUE  
SUITE 700

City State Zip Code  
LOS ANGELES CA 90071-2665

FEC ID number of contributing  
federal political committee. **C** C00088591

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847724

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

FLUOR CORPORATION PAC

Mailing Address 403 E. CAPITOL STREET SE

City

WASHINGTON

State

DC

Zip Code

20003-2902

FEC ID number of contributing  
federal political committee.**C**

C00034132

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12847709

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

Mailing Address 1615 L. STREET NW  
SUITE 900

City

WASHINGTON

State

DC

Zip Code

20036-5623

FEC ID number of contributing  
federal political committee.**C**

C00032698

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847717

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

INDEPENDENT INSURANCE AGENTS &amp; BROKERS OF AMERICA PAC

Mailing Address 412 1ST STREET SE  
SUITE 300

City

WASHINGTON

State

DC

Zip Code

20003-1804

FEC ID number of contributing  
federal political committee.**C**

C00022343

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11.12864670

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

45000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 231 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
KPMG PARTNERS/PRINCIPALS & EMPLOYEES PAC

Mailing Address P.O. BOX 18254

City State Zip Code  
WASHINGTON DC 20036-8254

FEC ID number of contributing  
federal political committee.

**C** C00280222

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847720

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)  
MICROSOFT CORPORATION PAC

Mailing Address 16011 NE 36TH WAY

City State Zip Code  
REDMOND WA 98073-9717

FEC ID number of contributing  
federal political committee.

**C** C00227546

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847726

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N. MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611-4011

FEC ID number of contributing  
federal political committee.

**C** C00030718

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12864667

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

NEA FUND FOR CHILDREN AND PUBLIC EDUCATION

Mailing Address 1201 16TH STREET NW  
SUITE 420

City State Zip Code  
WASHINGTON DC 20036-3201

FEC ID number of contributing  
federal political committee.

**C** C00003251

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847723

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE  
ROOM 1109

City State Zip Code  
NEW YORK NY 10010-1603

FEC ID number of contributing  
federal political committee.

**C** C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA11.12855528

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)  
PRICEWATERHOUSECOOPERS PAC

Mailing Address 1301 K. STREET NW  
SUITE 800W

City State Zip Code  
WASHINGTON DC 20005-3317

FEC ID number of contributing  
federal political committee.

**C** C00107235

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847721

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

R.J. REYNOLDS PAC;REYNOLDS AMERICAN INC.

Mailing Address PO BOX 718

City

WINSTON SALEM

State

NC

Zip Code

27102-0718

FEC ID number of contributing  
federal political committee.

**C**

C00042002

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12864668

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

RAYTHEON COMPANY PAC

Mailing Address 1100 WILSON BLVD.  
SUITE 1500

City

ARLINGTON

State

VA

Zip Code

22209-2270

FEC ID number of contributing  
federal political committee.

**C**

C00097568

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847718

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

T-MOBILE USA INC. POLITICAL ACTION COMMITTEE

Mailing Address 401 9TH STREET N.W.  
SUITE 550

City

WASHINGTON

State

DC

Zip Code

20004-2141

FEC ID number of contributing  
federal political committee.

**C**

C00361758

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11.12855527

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

45000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PKWY NE

City

ATLANTA

State

GA

Zip Code

30328-3474

FEC ID number of contributing  
federal political committee.

**C**

C00064766

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 4 / 2 0 0 9

Transaction ID: SA11.12847719

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

VANGUARD GROUP COMMITTEE FOR RESPONSIBLE GOVERNMENT

Mailing Address 400 DEVON PARK DRIVE

City

WAYNE

State

PA

Zip Code

19087-1816

FEC ID number of contributing  
federal political committee.

**C**

C00410266

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 7 / 2 0 0 9

Transaction ID: SA11.12864669

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

VERIZON COMMUNICATION INC. GOOD GOVT. CLUB

Mailing Address 1300 I. STRETT NW  
SUITE 400

City

WASHINGTON

State

DC

Zip Code

20005-3314

FEC ID number of contributing  
federal political committee.

**C**

C00186288

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12847711

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) .....

40000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 342

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS/VERIZON COMMUNICATIONS INC. PAC

Mailing Address 20 INDEPENDENCE BLVD.  
3RD FLOORCity State Zip Code  
WARREN NJ 07059FEC ID number of contributing  
federal political committee.**C** C00363127

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 0 9

Transaction ID: SA11.12847710

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ►

5000.00

TOTAL This Period (last page this line number only) ►

375000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 342

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
CONGRESSIONAL TRUST 2008

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43526.26

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA12.CT080

Amount of Each Receipt this Period

43526.26

TRANSFER

INCLUDES DONORS PREVIOUSLY  
ITEMIZED

**B.**

Full Name (Last, First, Middle Initial)  
MRS. PAMELLA G. DEVOS

Mailing Address 126 OTTAWA AVE., NW  
SUITE 500

City State Zip Code  
GRAND RAPIDS MI 49503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA12.CT083

Amount of Each Receipt this Period

12000.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIBUTION - CONGRES-  
SIONAL TRUST 2008

**C.**

Full Name (Last, First, Middle Initial)  
MS. SUSAN M. JANDERNOA

Mailing Address 2431 BELLEGLADE AVE.

City State Zip Code  
GRAND RAPIDS MI 49546

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA12.CT082

Amount of Each Receipt this Period

7700.00

TRANSFER

**[MEMO ITEM]**  
JFC ATTRIBUTION - CONGRES-  
SIONAL TRUST 2008

**SUBTOTAL** of Receipts This Page (optional) .....

43526.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 342

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN C. KENNEDY, III

Mailing Address 4436 BROADMOOR AVE., SE

City

KENTWOOD

State

MI

Zip Code

49512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AUTOCAM CORP.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA12.CT081

Amount of Each Receipt this Period

10000.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIBUTION - CONGRES-  
SIONAL TRUST 2008

**B.**

Full Name (Last, First, Middle Initial)

ALLSTATE INSURANCE COMPANY PAC

Mailing Address 2775 SANDERS ROAD  
SUITE A5

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing  
federal political committee.

C

C00040253

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA12.CT084

Amount of Each Receipt this Period

1000.00

TRANSFER

**[MEMO ITEM]**

JFC ATTRIBUTION - CONGRES-  
SIONAL TRUST 2008

**C.**

Full Name (Last, First, Middle Initial)

TIM BEE ARIZONA TRUST

Mailing Address 228 S. WASHINGTON STREET  
SUITE 115

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1993.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 1 6 / 2 0 0 9

Transaction ID: SA12.TBAT

Amount of Each Receipt this Period

1993.76

TRANSFER

TRANSFER OF JOINT FUNDRAI-  
SING PROCEEDS

**SUBTOTAL** of Receipts This Page (optional) .....

1993.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

MR. GREG GEILE

Mailing Address 3939 NORTH FIRST AVE.

City

TUCSON

State

AZ

Zip Code

85713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAWN PARTNERS, INC.

Occupation

PAWNBROKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Transaction ID: SA12.TBAT1

Amount of Each Receipt this Period

2700.00

TRANSFER

**[MEMO ITEM]**JFC ATTRIBUTION - TIM BEE  
ARIZONA TRUST

SUBTOTAL of Receipts This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

45520.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
GODDARD FOR CONGRESS

Mailing Address PO BOX 9460

City State Zip Code  
WARNER ROBINS GA 31095

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1012.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000303

Amount of Each Receipt this Period

1012.54

REIMBURSEMENT - TRAVEL

**B.**

Full Name (Last, First, Middle Initial)  
LYLE LARSON FOR CONGRESS

Mailing Address PO BOX 171148

City State Zip Code  
SAN ANTONIO TX 78217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1827.23

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000312

Amount of Each Receipt this Period

1827.23

REIMBURSEMENT - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)  
LYNN JENKINS FOR CONGRESS

Mailing Address PO BOX 1441

City State Zip Code  
TOPEKA KS 66601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1316.19

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000302

Amount of Each Receipt this Period

1316.19

REIMBURSEMENT - TRAVEL

**SUBTOTAL** of Receipts This Page (optional) .....

4155.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MUSGRAVE FOR CONGRESS

Mailing Address 257 JOHNSTOWN CENTER DR  
NO 211

City State Zip Code  
JOHNSTOWN CO 80534

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1995.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000311

Amount of Each Receipt this Period

550.00

REIMBURSEMENT - TV UPLINK  
SVC

**B.**

Full Name (Last, First, Middle Initial)  
OZINGA FOR CONGRESS

Mailing Address 19001 OLD LAGRANGE RD SUITE 430

City State Zip Code  
MOKENA IL 60448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000310

Amount of Each Receipt this Period

1320.34

REIMBURSEMENT - TRAVEL

**C.**

Full Name (Last, First, Middle Initial)  
UPTON FOR ALL OF US

Mailing Address PO Box 490

City State Zip Code  
ST JOSEPH MI 49085

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000307

Amount of Each Receipt this Period

650.00

REIMBURSEMENT - TV UPLINK  
SVC

**SUBTOTAL** of Receipts This Page (optional) .....

2520.34

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 342

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

PETER A KIRKHAM

Mailing Address 6990 CONSERVATION DR

City

SPRINGFIELD

State

VA

Zip Code

22153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000313

Amount of Each Receipt this Period

10.00

REIMBURSEMENT - EQUIPMENT  
PURC

**B.**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City

LOUISVILLE

State

KY

Zip Code

40290-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.14

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 0 6 / 2 0 0 9

Transaction ID: SA15-0.000320

Amount of Each Receipt this Period

373.14

REFUND - PAYROLL SVC

**C.**

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City

AKRON

State

OH

Zip Code

44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28811.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA15-0.000304

Amount of Each Receipt this Period

1271.00

REFUND - FUNDRAISING PHONE  
CALL

**SUBTOTAL** of Receipts This Page (optional) .....

1654.14

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 342

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JCM FAIR FUND QSF

Mailing Address PO BOX 1841

City

FARIBAULT

State

MN

Zip Code

55021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: SA15-0.000306

Amount of Each Receipt this Period

415.44

REFUND - RETIREMENT SERVI-  
CES**B.**

Full Name (Last, First, Middle Initial)

STRATEGIC FUNDRAISING INC

Mailing Address 7591 9TH ST N

City

OAKDALE

State

MN

Zip Code

55128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

148666.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: SA15-0.000309

Amount of Each Receipt this Period

30113.80

REFUND - FUNDRAISING PHONE  
CALL

SUBTOTAL of Receipts This Page (optional) .....

30529.24

TOTAL This Period (last page this line number only) .....

38859.68

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 244 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) WHITAKER L ASKEW Mailing Address 320 1ST ST SE	<b>Transaction ID:</b> SB21-0.007050 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>403.68</td> </tr> </table>	403.68																				
403.68																						
<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH N BEACHAM Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21-0.006967 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>4040.55</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9	4040.55
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	6		2	0	0	9													
4040.55																						
<b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH N BEACHAM Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21-0.007051 <b>Date of Disbursement</b> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>4035.39</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9	4035.39
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		3	0		2	0	0	9													
4035.39																						

**SUBTOTAL** of Disbursements This Page (optional) .....

8479.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 245 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006968

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

2660.58

B.

Full Name (Last, First, Middle Initial)

JONATHAN R BLACK

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007052

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

2911.08

C.

Full Name (Last, First, Middle Initial)

JOSEPH M BOLAND III

Mailing Address 2313 HUIDEKOPER PL NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001677

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-33.40

SUBTOTAL of Disbursements This Page (optional) .....

5538.26

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 247 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BENJAMIN CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006837

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

BENJAMIN J CASSIDY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007054

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 248 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PATRICK M CHRISTY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006506

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

89.75

B.

Full Name (Last, First, Middle Initial)

TOM COLE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006508

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

4830.40

C.

Full Name (Last, First, Middle Initial)

TOM COLE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006851

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

220.48

SUBTOTAL of Disbursements This Page (optional) .....

5140.63

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 249 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SARA A CONAHAN

Mailing Address 2236 OBSERVATORY PL NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001689

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-171.10

B.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006971

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1127.42

C.

Full Name (Last, First, Middle Initial)

JOHN R CRISCUOLO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007055

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1122.29

SUBTOTAL of Disbursements This Page (optional) .....

2078.61

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 251 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006516

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

2365.03

B.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006975

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

2970.75

C.

Full Name (Last, First, Middle Initial)

JOHN J DESTEFANO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007059

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

2965.58

SUBTOTAL of Disbursements This Page (optional) .....

8301.36

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 253 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JAMES DURRETT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007061

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1499.50

B.

Full Name (Last, First, Middle Initial)

BRANDON T EDEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006977

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

980.34

C.

Full Name (Last, First, Middle Initial)

BRANDON T EDEN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007062

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

967.20

SUBTOTAL of Disbursements This Page (optional) .....

3447.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 254 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) TRENT T EDWARDS	<b>Transaction ID:</b> SB21-0.006979 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2268.98</td> </tr> </table>	2268.98																			
2268.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) TRENT T EDWARDS	<b>Transaction ID:</b> SB21-0.007063 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2263.83</td> </tr> </table>	2263.83																			
2263.83																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LYNDA S EHLERS	<b>Transaction ID:</b> SB21-0.006981 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1389.96</td> </tr> </table>	1389.96																			
1389.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5922.77

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 255 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LYNDA S EHLERS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007064

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1384.79

B.

Full Name (Last, First, Middle Initial)

CHAPIN D FAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006518

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

106.90

C.

Full Name (Last, First, Middle Initial)

BRETT M FURBER

Mailing Address 812 LARKSPUR LN

City  
NARBERTH

State  
PA

Zip Code  
19072

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001669

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-15.00

SUBTOTAL of Disbursements This Page (optional) .....

1476.69

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 256 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TIMOTHY M GARON

Mailing Address 4202 AUGUSTA AVE

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001680

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-3396.79

B.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006985

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1094.21

C.

Full Name (Last, First, Middle Initial)

BRANDON M GRAVLEY

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007065

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1089.08

SUBTOTAL of Disbursements This Page (optional) .....

-1213.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 257 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006983

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

2657.96

B.

Full Name (Last, First, Middle Initial)

GEORGE G GRIFFIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007066

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

2644.82

C.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006987

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

4003.28

SUBTOTAL of Disbursements This Page (optional) .....

9306.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 258 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

ORRIN L HARRISON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007068

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

3569.46

B.

Full Name (Last, First, Middle Initial)

JULIE B HODGSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006989

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1255.88

C.

Full Name (Last, First, Middle Initial)

JULIE B HODGSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007067

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1250.73

SUBTOTAL of Disbursements This Page (optional) .....

6076.07

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 259 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RACHEL M HOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007069

Date of Disbursement

/   /

Amount of Each Disbursement this Period

613.14

B.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006991

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1780.15

C.

Full Name (Last, First, Middle Initial)

ROBERT P HONOLD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007070

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1775.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4168.29

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 260 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DANIELLE M JAMES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006524

Date of Disbursement

/   /

Amount of Each Disbursement this Period

311.84

B.

Full Name (Last, First, Middle Initial)

DANIELLE M JAMES

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007071

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1664.20

C.

Full Name (Last, First, Middle Initial)

JAMES R JETTON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

34.00

SUBTOTAL of Disbursements This Page (optional) .....

2010.04

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 262 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) LYNDSEY R JOHNSON	<b>Transaction ID:</b> SB21-0.006994 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1127.43</td> </tr> </table>	1127.43																			
1127.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LYNDSEY R JOHNSON	<b>Transaction ID:</b> SB21-0.007073 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1122.27</td> </tr> </table>	1122.27																			
1122.27																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TODD R JOHNSON	<b>Transaction ID:</b> SB21-0.006993 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">804.03</td> </tr> </table>	804.03																			
804.03																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3053.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 263 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007074

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1480.81

B.

Full Name (Last, First, Middle Initial)

TODD R JOHNSON

Mailing Address 5909 COVERDALE WAY  
Apt H

City  
ALEXANDRIA

State  
VA

Zip Code  
22310

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001673

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-3748.41

C.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006995

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1021.68

SUBTOTAL of Disbursements This Page (optional) .....

-1245.92

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 264 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY E KAHLSTORF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007075

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1016.54

B.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006996

Date of Disbursement

/   /

Amount of Each Disbursement this Period

732.72

C.

Full Name (Last, First, Middle Initial)

MICHAEL R KAPLAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007076

Date of Disbursement

/   /

Amount of Each Disbursement this Period

727.55

**SUBTOTAL** of Disbursements This Page (optional) .....

2476.81

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 265 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) ELIZABETH C KELLY	<b>Transaction ID:</b> SB21-0.006997 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1304.42</td> </tr> </table>	1304.42																			
1304.42																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH C KELLY	<b>Transaction ID:</b> SB21-0.007077 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">1299.28</td> </tr> </table>	1299.28																			
1299.28																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) PETER A KIRKHAM	<b>Transaction ID:</b> SB21-0.006822 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	3		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">2303.13</td> </tr> </table>	2303.13																			
2303.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4906.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 266 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PETER A KIRKHAM

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006823

Date of Disbursement

/   /

Amount of Each Disbursement this Period

86.00

B.

Full Name (Last, First, Middle Initial)

JANICE L KNOPP

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007035

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006528

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1918.27

**SUBTOTAL** of Disbursements This Page (optional) .....

17004.27

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 267 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006998

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1298.70

B.

Full Name (Last, First, Middle Initial)

BRICE A KORNEGAY

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007078

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1293.56

C.

Full Name (Last, First, Middle Initial)

HENRY KURUSZ IV

Mailing Address 215 C ST SE  
#312

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001688

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-13.51

SUBTOTAL of Disbursements This Page (optional) .....

2578.75

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 268 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

HOLVERSON LETHA

Mailing Address 534 GOLDEN GROVE DR

City EVANSVILLE State WI Zip Code 53536

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001711

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-20.00

B.

Full Name (Last, First, Middle Initial)

CHRISTOPHER A MALONEY

Mailing Address 225 S WHITTING ST  
#806

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001674

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-17.33

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER A MALONEY

Mailing Address 225 S WHITTING ST  
#806

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001683

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-68.11

SUBTOTAL of Disbursements This Page (optional) ►

-105.44

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 269 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) SALLY D MCALLISTER	<b>Transaction ID:</b> SB21-0.006999 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2825.79</td> </tr> </table>	2825.79																			
2825.79																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SALLY D MCALLISTER	<b>Transaction ID:</b> SB21-0.007080 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td colspan="10">2812.65</td> </tr> </table>	2812.65																			
2812.65																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KEVIN W MCGRANN	<b>Transaction ID:</b> SB21-0.006533 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">29.00</td> </tr> </table>	29.00																			
29.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**5667.44**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 270 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) KEVIN W MCGRANN	<b>Transaction ID:</b> SB21-0.007000 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>9</td><td>7</td><td>.</td><td>7</td><td>0</td> </tr> </table>	3	9	7	.	7	0														
3	9	7	.	7	0																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KEVIN W MCGRANN	<b>Transaction ID:</b> SB21-0.007081 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>9</td><td>2</td><td>.</td><td>5</td><td>3</td> </tr> </table>	3	9	2	.	5	3														
3	9	2	.	5	3																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CATHERINE K MILLER	<b>Transaction ID:</b> SB21-0.006534 <b>Date of Disbursement</b>																				
Mailing Address 320 1ST ST SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td>2</td><td>6</td><td>6</td><td>.</td><td>7</td><td>1</td> </tr> </table>	2	6	6	.	7	1														
2	6	6	.	7	1																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3456.94**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 271 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTEN E MOGAVERO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1218.07

B.

Full Name (Last, First, Middle Initial)

CHRISTEN E MOGAVERO

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007082

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1212.93

C.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007002

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2070.54

**SUBTOTAL** of Disbursements This Page (optional) .....

4501.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 272 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN D NEUMANN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007083

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1860.77

B.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007003

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1801.71

C.

Full Name (Last, First, Middle Initial)

BENJAMIN M OTTENHOFF

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007084

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1796.57

SUBTOTAL of Disbursements This Page (optional) .....

5459.05

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 273 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

EMILY S PALUMBOS

Mailing Address 3813 COURTLAND CIR

City  
ALEXANDRIA

State  
VA

Zip Code  
22305

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001706

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-2265.19

B.

Full Name (Last, First, Middle Initial)

EMILY S PALUMBOS

Mailing Address 3813 COURTLAND CIR

City  
ALEXANDRIA

State  
VA

Zip Code  
22305

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001707

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-370.76

C.

Full Name (Last, First, Middle Initial)

CHRISTOPHER T PARANA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007004

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1639.02

SUBTOTAL of Disbursements This Page (optional) .....

-996.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 274 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHRISTOPHER T PARANA

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007085

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1625.86

B.

Full Name (Last, First, Middle Initial)

EDWIN C PATRU

Mailing Address 3101 NORTH HAMPTON DR  
UNIT #1111

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001708

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-22.00

C.

Full Name (Last, First, Middle Initial)

MARY A PAUGH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007005

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

2886.98

SUBTOTAL of Disbursements This Page (optional) .....

4490.84

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 276 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN B POE

Mailing Address 602 NORTH OVERLOOK DR

City  
ALEXANDRIA

State  
VA

Zip Code  
22305

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001709

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1592.62

**B.**

Full Name (Last, First, Middle Initial)

KAYLA A PRIEHS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.006821

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5067.65

**C.**

Full Name (Last, First, Middle Initial)

KAYLA A PRIEHS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.006824

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.95

**SUBTOTAL** of Disbursements This Page (optional) .....

3483.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 277 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006542

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

16.00

B.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007006

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

2197.62

C.

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007087

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

2184.49

SUBTOTAL of Disbursements This Page (optional) .....

4398.11

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 278 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

JOHN R RANDALL

Mailing Address 4650 WASHINGTON BLVD  
APT 727

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001684

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-147.00

**B.**

Full Name (Last, First, Middle Initial)

ASHLEE G REID

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007007

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

419.62

**C.**

Full Name (Last, First, Middle Initial)

ASHLEE G REID

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007088

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

414.45

**SUBTOTAL** of Disbursements This Page (optional) .....

687.07

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 279 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MICHAEL A RICCI

Mailing Address 650 4TH ST NE  
APT 3

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001685

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-281.67

B.

Full Name (Last, First, Middle Initial)

JOSHUA G ROBINSON

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006544

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

77.26

C.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007010

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

874.28

SUBTOTAL of Disbursements This Page (optional) .....

669.87

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 280 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JESSE H ROMAN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007089

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

869.13

B.

Full Name (Last, First, Middle Initial)

LESLIE C RUTLEDGE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007008

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1166.07

C.

Full Name (Last, First, Middle Initial)

IOJANA D SAFARIK

Mailing Address 10621 DELFIELD CT

City  
LAUREL

State  
MD

Zip Code  
20723

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001686

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-52.00

SUBTOTAL of Disbursements This Page (optional) .....

1983.20

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 281 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PETER R SALING

Mailing Address 8328 DRAPER LN

City  
SILVER SPRING

State  
MD

Zip Code  
20910

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001699

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-1246.18

B.

Full Name (Last, First, Middle Initial)

PETER R SALING

Mailing Address 8328 DRAPER LN

City  
SILVER SPRING

State  
MD

Zip Code  
20910

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001700

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-2247.69

C.

Full Name (Last, First, Middle Initial)

PABLO SANCHEZ

Mailing Address 1032 N DANVILLE ST

City  
ARLINGTON

State  
VA

Zip Code  
22204

Purpose of Disbursement  
PERSONNEL SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006341

Date of Disbursement

01 / 05 / 2009

Amount of Each Disbursement this Period

4724.75

SUBTOTAL of Disbursements This Page (optional) .....

1230.88

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 282 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SHAHLA SEABORN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007090

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

3953.96

B.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007009

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

730.76

C.

Full Name (Last, First, Middle Initial)

DONALD P SEYMOUR, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007091

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

725.62

SUBTOTAL of Disbursements This Page (optional) .....

5410.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007011

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2009

Amount of Each Disbursement this Period

2802.73

B.

Full Name (Last, First, Middle Initial)

JENNIFER S SHEFFIELD

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007092

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2009

Amount of Each Disbursement this Period

2797.59

C.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007012

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2009

Amount of Each Disbursement this Period

4079.64

**SUBTOTAL** of Disbursements This Page (optional) .....

9679.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 284 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MIKE S SHIELDS

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007093

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

4074.49

B.

Full Name (Last, First, Middle Initial)

KARA M SIDONE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007013

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1373.16

C.

Full Name (Last, First, Middle Initial)

KARA M SIDONE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007094

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1368.00

SUBTOTAL of Disbursements This Page (optional) .....

6815.65

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 285 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MACKENZIE J SMITH

Mailing Address 4430 BREEZY BAY CIR  
#301

City RICHMOND State VA Zip Code 23233

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001701

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-2622.76

B.

Full Name (Last, First, Middle Initial)

TARA M SNOW

Mailing Address 2123 CALIFORNIA ST NW  
#B3

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001663

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-66.70

C.

Full Name (Last, First, Middle Initial)

TARA M SNOW

Mailing Address 2123 CALIFORNIA ST NW  
#B3

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001665

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-372.00

SUBTOTAL of Disbursements This Page (optional) .....

-3061.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 286 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) TARA M SNOW</p> <p>Mailing Address 2123 CALIFORNIA ST NW #B3</p> <p>City WASHINGTON State DC Zip Code 20008</p> <p>Purpose of Disbursement VOID CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB2199-0.001666</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -45.00</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) TARA M SNOW</p> <p>Mailing Address 2123 CALIFORNIA ST NW #B3</p> <p>City WASHINGTON State DC Zip Code 20008</p> <p>Purpose of Disbursement VOID CHECK</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB2199-0.001705</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period -21.70</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) KENNETH P SPAIN</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.007014</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 2600.81</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

2534.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENNETH P SPAIN

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007095

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

2595.68

B.

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007015

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1054.74

C.

Full Name (Last, First, Middle Initial)

SAVANNAH R STEELE

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007096

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1049.59

SUBTOTAL of Disbursements This Page (optional) .....

4700.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 288 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DAVID C STEWART

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007016

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2127.13

B.

Full Name (Last, First, Middle Initial)

DAVID C STEWART

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007097

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2121.98

C.

Full Name (Last, First, Middle Initial)

LAWRENCE R TELFORD IV

Mailing Address 1208 TRIBAL CT

City  
ARNOLD

State  
MD

Zip Code  
21012

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001678

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-31.95

**SUBTOTAL** of Disbursements This Page (optional) .....

4217.16

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 289 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

LAWRENCE R TELFORD IV

Mailing Address 1208 TRIBAL CT

City  
ARNOLD

State  
MD

Zip Code  
21012

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001702

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-460.12

B.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007017

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

4040.34

C.

Full Name (Last, First, Middle Initial)

ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007098

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

4027.20

SUBTOTAL of Disbursements This Page (optional) .....

7607.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 290 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007018

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1426.60

B.

Full Name (Last, First, Middle Initial)

MARY ANN VOIGT

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007099

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

1421.44

C.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006491

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

233.00

SUBTOTAL of Disbursements This Page (optional) .....

3081.04

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 291 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3583.18

B.

Full Name (Last, First, Middle Initial)

BRIAN O WALSH

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007100

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3578.02

C.

Full Name (Last, First, Middle Initial)

DERBY H WATKINS

Mailing Address 3232 WELLINGTON RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22302

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006828

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16016.96

SUBTOTAL of Disbursements This Page (optional) .....

23178.16

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 292 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CHARLES J WHEELER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006820

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.04

B.

Full Name (Last, First, Middle Initial)

CHARLES J WHEELER

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006825

Date of Disbursement

/   /

Amount of Each Disbursement this Period

24.91

C.

Full Name (Last, First, Middle Initial)

JOE N WYNN, JR

Mailing Address 320 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007020

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1354.80

**SUBTOTAL** of Disbursements This Page (optional) .....

1432.75

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 294 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

SAFEWAY

Mailing Address 5918 STONERIDGE MALL RD

City  
PLEASANTON

State  
CA

Zip Code  
94588

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007617

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

169.67

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address 8725 W SAHARA

City  
LAS VEGAS

State  
NV

Zip Code  
89163

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007619

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

295.29

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

VERIZON WIRELESS

Mailing Address PO BOX 25505

City  
LEHIGH VALLEY

State  
PA

Zip Code  
18002-5505

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007615

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

7980.15

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 295 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WASHINGTON METRO AREA TRANSIT AUTHORITY

Mailing Address 600 5TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007613

Date of Disbursement

01 / 26 / 2009

Amount of Each Disbursement this Period

197.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City  
EL PASO

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007150

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

1096.26

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City  
EL PASO

State  
TX

Zip Code  
79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007153

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

426.37

SUBTOTAL of Disbursements This Page (optional) .....

1522.63

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 296 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS MERCHANT ACCOUNT

Mailing Address PO BOX 981532

City EL PASO State TX Zip Code 79998

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007159

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

429.81

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Mailing Address PO BOX 1270

City NEWARK State NJ Zip Code 07101

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001682

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-50.53

**C.** Full Name (Last, First, Middle Initial)  
AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197-6463

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006501

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

170.24

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

549.52

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 297 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A. AUTOMATIC DATA PROCESSING**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

642.22

**B. AUTOMATIC DATA PROCESSING**

Full Name (Last, First, Middle Initial)

AUTOMATIC DATA PROCESSING

Mailing Address PO BOX 9001006

City LOUISVILLE State KY Zip Code 40290-1006

Purpose of Disbursement  
PAYROLL SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

457.52

**C. AVITECTURE INC**

Full Name (Last, First, Middle Initial)

AVITECTURE INC

Mailing Address 1 EXPORT DR

City STERLING State VA Zip Code 20164-4421

Purpose of Disbursement  
EQUIPMENT MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

200.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1299.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 298 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
BURLINGTON NORTHERN SANTA FE

Mailing Address 700 13TH ST NW  
STE 220

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001664

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1134.80

**B.** Full Name (Last, First, Middle Initial)  
BURLINGTON NORTHERN SANTA FE

Mailing Address 700 13TH ST NW  
STE 220

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001667

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-567.40

**C.** Full Name (Last, First, Middle Initial)  
BURLINGTON NORTHERN SANTA FE

Mailing Address 700 13TH ST NW  
STE 220

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001670

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-2542.50

**SUBTOTAL** of Disbursements This Page (optional) .....

-4244.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 299 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CALVERT-JONES COMPANY

Mailing Address 5703 EDSALL RD

City  
ALEXANDRIA

State  
VA

Zip Code  
22304

Purpose of Disbursement  
MAINTENANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006503

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006345

Date of Disbursement

01 / 13 / 2009

Amount of Each Disbursement this Period

7191.56

C.

Full Name (Last, First, Middle Initial)

CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006504

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1001.37

SUBTOTAL of Disbursements This Page (optional) .....

11192.93

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 300 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CAREFREE OFFICE TECHNOLOGY INC

Mailing Address 7000 INFANTRY RIDGE RD  
STE 100

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006505

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

888.94

B.

Full Name (Last, First, Middle Initial)

CAREFREE OFFICE TECHNOLOGY INC

Mailing Address 7000 INFANTRY RIDGE RD  
STE 100

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007029

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

718.71

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22042

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006507

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

1732.65

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 301 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

2425.54

**B.**

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City  
BOSTONState  
VAZip Code  
22713Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006839

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

95506.51

**C.**

Full Name (Last, First, Middle Initial)

COMMUNICATION CORP OF AMERICA

Mailing Address 13195 FREEDOM WAY

City  
BOSTONState  
VAZip Code  
22713Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006857

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

39658.10

SUBTOTAL of Disbursements This Page (optional) .....

137590.15

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 302 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007023

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

598.45

B.

Full Name (Last, First, Middle Initial)

COMPTROLLER OF MARYLAND

Mailing Address STATE INCOME TAX BLDG

City ANNAPOLIS State MD Zip Code 21411

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007104

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

598.45

C.

Full Name (Last, First, Middle Initial)

CONFERENCE AMERICA INC

Mailing Address PO BOX 241188

City MONTGOMERY State AL Zip Code 36124-1188

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006510

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

151.53

SUBTOTAL of Disbursements This Page (optional) .....

1348.43

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 303 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

CONGRESSIONAL COLOR GRAPHICS

Mailing Address 4421 SOUTH BUSINESS PARK DR

City State Zip Code  
WHITE PLAINS MD 20695

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001668

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2009

Amount of Each Disbursement this Period

-63.00

B.

Full Name (Last, First, Middle Initial)

CONSTRUCTION CATERING

Mailing Address 4027 S LEJEUNE RD

City State Zip Code  
CORAL GABLES FL 33146

Purpose of Disbursement  
CATERING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006511

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2009

Amount of Each Disbursement this Period

4024.17

C.

Full Name (Last, First, Middle Initial)

COVINGTON AND BURLING

Mailing Address 1201 PENNSYLVANIA AVE NW

City State Zip Code  
WASHINGTON DC 20004-2401

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006512

Date of Disbursement

MM / DD / YYYY  
01 / 16 / 2009

Amount of Each Disbursement this Period

12868.69

SUBTOTAL of Disbursements This Page (optional) .....

16829.86

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 304 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**Full Name (Last, First, Middle Initial)  
DAMASCUS TECHNOLOGIES

Mailing Address 108 MEADOWS LANE

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement  
LIST MANAGEMENT SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006513

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Amount of Each Disbursement this Period

399.00

**B.**Full Name (Last, First, Middle Initial)  
DATA RESEARCH GROUPMailing Address 5520 CHEROKEE AVE  
STE 200

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006514

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Amount of Each Disbursement this Period

5066.93

**C.**Full Name (Last, First, Middle Initial)  
DC TREASURER

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090-6384

Purpose of Disbursement  
TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006515

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	0	9

Amount of Each Disbursement this Period

315.04

SUBTOTAL of Disbursements This Page (optional) .....

5780.97

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 305 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) DC TREASURER	<b>Transaction ID:</b> SB21-0.007021 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 37630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20013	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">3029.43</td> </tr> </table>	3029.43																			
3029.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DC TREASURER	<b>Transaction ID:</b> SB21-0.007022 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 1582	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City WASHINGTON State DC Zip Code 20013	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">1754.42</td> </tr> </table>	1754.42																			
1754.42																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC TREASURER	<b>Transaction ID:</b> SB21-0.007102 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 37630	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	0		2	0	0	9												
City WASHINGTON State DC Zip Code 20013	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL TAXES	<table border="1"> <tr> <td colspan="10">2956.25</td> </tr> </table>	2956.25																			
2956.25																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**7740.10**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 306 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

DC TREASURER

Mailing Address PO BOX 1582

City  
WASHINGTON

State  
DC

Zip Code  
20013

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.007103

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1313.88

**B.**

Full Name (Last, First, Middle Initial)

E2C CONSULTING INC

Mailing Address PO BOX 29576

City  
WASHINGTON

State  
DC

Zip Code  
20017

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21-0.007031

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20000.00

**C.**

Full Name (Last, First, Middle Initial)

EDONATIONS.COM

Mailing Address 118 N ST ASAPH ST

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001714

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1164.80

**SUBTOTAL** of Disbursements This Page (optional) .....

20149.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 307 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) EVOLUTIONARY BUSINESS SOLUTIONS INC	<b>Transaction ID:</b> SB21-0.006347 <b>Date of Disbursement</b>																				
Mailing Address 15095 KNICKERBOCKER DR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	5		2	0	0	9												
City WOODBRIDGE State VA Zip Code 22193	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement COMPLIANCE CONSULTING	<table border="1"> <tr> <td>7</td><td>4</td><td>0</td><td>6</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table>	7	4	0	6	5	.	0	0												
7	4	0	6	5	.	0	0														
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FEDEX	<b>Transaction ID:</b> SB21-0.006519 <b>Date of Disbursement</b>																				
Mailing Address PO BOX 371461	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City PITTSBURGH State PA Zip Code 15250-7461	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement DELIVERY	<table border="1"> <tr> <td>4</td><td>2</td><td>.</td><td>3</td><td>2</td> </tr> </table>	4	2	.	3	2															
4	2	.	3	2																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) FLS CONNECT LLC	<b>Transaction ID:</b> SB21-0.006520 <b>Date of Disbursement</b>																				
Mailing Address 7300 HUDSON BLVD STE 270	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City ST PAUL State MN Zip Code 55128	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING	<table border="1"> <tr> <td>4</td><td>1</td><td>5</td><td>5</td><td>.</td><td>3</td><td>5</td> </tr> </table>	4	1	5	5	.	3	5													
4	1	5	5	.	3	5															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**78262.67**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 308 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8303 MOPAC  
STE A203

City Austin State TX Zip Code 78759

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006348

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

6475.59

B.

Full Name (Last, First, Middle Initial)

GULF DIRECT

Mailing Address 8303 MOPAC  
STE A203

City Austin State TX Zip Code 78759

Purpose of Disbursement  
FINANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.007028

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

16569.12

C.

Full Name (Last, First, Middle Initial)

HUCKABY DAVIS LISKER

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006521

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional) .....

33044.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 309 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006523

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52363.46

B.

Full Name (Last, First, Middle Initial)

INFOCISION MANAGEMENT CORP

Mailing Address 325 SPRINGSIDE DR

City  
AKRON

State  
OH

Zip Code  
44333

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007033

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35966.65

C.

Full Name (Last, First, Middle Initial)

INTERNATIONAL DATA MANAGEMENT

Mailing Address 490 WHITE POND DR

City  
AKRON

State  
OH

Zip Code  
44320

Purpose of Disbursement  
DATA ENTRY SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006522

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

88480.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 310 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KEY AND ASSOCIATES</b>	<b>Transaction ID:</b> SB21-0.006526 <b>Date of Disbursement</b>																				
Mailing Address 12176 CHANCERY STATION CIR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City RESTON State VA Zip Code 20190	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POLITICAL STRATEGY CONSULTING	<table border="1"> <tr> <td colspan="10">50.01</td> </tr> </table>	50.01																			
50.01																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>LE PARKER MERIDIEN</b>	<b>Transaction ID:</b> SB21-0.006529 <b>Date of Disbursement</b>																				
Mailing Address 118 W 57TH ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City NEW YORK State NY Zip Code 10019	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement FACILITY RENTAL	<table border="1"> <tr> <td colspan="10">5563.59</td> </tr> </table>	5563.59																			
5563.59																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>LLESIAINT</b>	<b>Transaction ID:</b> SB21-0.006530 <b>Date of Disbursement</b>																				
Mailing Address 8310 N CAPITAL OF TX HWY BLDG 1, STE 340	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	6		2	0	0	9												
City AUSTIN State TX Zip Code 78731	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement SUBSCRIPTIONS	<table border="1"> <tr> <td colspan="10">17500.00</td> </tr> </table>	17500.00																			
17500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**23113.60**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 311 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

LR PARIS LLC

Mailing Address 1250 CONNNECTICUT AVE NW  
STE 200

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
DECORATIONS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006531

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

5475.00

**B.**

Full Name (Last, First, Middle Initial)

MAMSI LIFE AND HEALTH

Mailing Address PO BOX 13615

City PHILADELPHIA State PA Zip Code 19101-3615

Purpose of Disbursement  
INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006840

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

30870.66

**C.**

Full Name (Last, First, Middle Initial)

MDI IMAGING AND MAIL

Mailing Address 21955 CASCADES PKWY

City DULLES State VA Zip Code 20166

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.001662

Date of Disbursement

01 / 13 / 2009

Amount of Each Disbursement this Period

-17973.86

**SUBTOTAL** of Disbursements This Page (optional) .....

18371.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 312 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) MDI IMAGING AND MAIL			<b>Transaction ID:</b> SB21-0.006343 <b>Date of Disbursement</b> <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	8		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		0	8		2	0	0	9															
	Mailing Address 21955 CASCADES PKWY																								
	City DULLES	State VA	Zip Code 20166	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">38035.26</td></tr></table>		38035.26																			
38035.26																									
Purpose of Disbursement POSTAGE			<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									
<b>B.</b>	Full Name (Last, First, Middle Initial) MDI IMAGING AND MAIL			<b>Transaction ID:</b> SB21-0.007036 <b>Date of Disbursement</b> <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		3	0		2	0	0	9															
	Mailing Address 21955 CASCADES PKWY																								
	City DULLES	State VA	Zip Code 20166	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">39623.17</td></tr></table>		39623.17																			
39623.17																									
Purpose of Disbursement PRINTING			<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									
<b>C.</b>	Full Name (Last, First, Middle Initial) MUTUAL OF OMAHA INSURANCE CO			<b>Transaction ID:</b> SB21-0.007038 <b>Date of Disbursement</b> <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	1		3	0		2	0	0	9															
	Mailing Address PO BOX 743102																								
	City CINCINNATI	State OH	Zip Code 45274-3102	Amount of Each Disbursement this Period <table border="1"><tr><td colspan="10">939.41</td></tr></table>		939.41																			
939.41																									
Purpose of Disbursement INSURANCE			<table border="1"><tr><td>Category/ Type</td></tr></table>		Category/ Type																				
Category/ Type																									
Candidate Name																									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							
State: District:																									

**SUBTOTAL** of Disbursements This Page (optional) .....

78597.84
----------

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 313 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
**NATIONAL BUILDING MUSEUM**

Mailing Address **401 F STREET NW**

City **WASHINGTON** State **DC** Zip Code **20001**

Purpose of Disbursement  
**FACILITY RENTAL**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.006535**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**5000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**NEW ENGLAND PRESS INC**

Mailing Address **1200 WAKE FOREST DR**

City **ALEXANDRIA** State **VA** Zip Code **22307**

Purpose of Disbursement  
**OFFICE SUPPLIES**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.006536**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**437.78**

**C.**

Full Name (Last, First, Middle Initial)  
**NEW ENGLAND PRESS INC**

Mailing Address **1200 WAKE FOREST DR**

City **ALEXANDRIA** State **VA** Zip Code **22307**

Purpose of Disbursement  
**PRINTING**

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID: SB21-0.007039**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**658.00**

**SUBTOTAL** of Disbursements This Page (optional) .....

**6095.78**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 314 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NJI MEDIA GROUP LLC

Mailing Address 1210 28TH ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007040

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1550.00

B.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City  
GAITHERSBURG

State  
MD

Zip Code  
20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007146

Date of Disbursement

/   /

Amount of Each Disbursement this Period

45.00

C.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City  
GAITHERSBURG

State  
MD

Zip Code  
20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007147

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3384.93

**SUBTOTAL** of Disbursements This Page (optional) .....

4979.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 315 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City  
GAITHERSBURG

State  
MD

Zip Code  
20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007152

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

2952.51

B.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City  
GAITHERSBURG

State  
MD

Zip Code  
20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007154

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

59.99

C.

Full Name (Last, First, Middle Initial)

NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City  
GAITHERSBURG

State  
MD

Zip Code  
20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007157

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

4721.22

SUBTOTAL of Disbursements This Page (optional) .....

7733.72

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 316 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
NOVA INFORMATION SYSTEMS INC

Mailing Address 607 N FREDERICK AVE

City State Zip Code  
GAITHERSBURG MD 20879

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007158

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1904.99

**B.** Full Name (Last, First, Middle Initial)  
ONE SOURCE PRINT SOLUTIONS LLC

Mailing Address 11647 AVENIDA SIVRITA

City State Zip Code  
SAN DIEGO CA 92128

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006841

Date of Disbursement

/   /

Amount of Each Disbursement this Period

378.23

**C.** Full Name (Last, First, Middle Initial)  
PACIFIC PARKING

Mailing Address 501 S CAPITOL ST SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
PARKING SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006342

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2280.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4563.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 317 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) PE SYSTEMS LLC</p> <p>Mailing Address 245 W MAIN AVE STE 400</p> <p>City SPOKANE State WA Zip Code 99201</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.006537</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 389.71</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) PNC BANK</p> <p>Mailing Address 800 CONNECTICUT AVE NW 2ND FL</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.007143</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 232.27</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) POLITICAL INK INC</p> <p>Mailing Address 2924 BELLS RD</p> <p>City RICHMOND State VA Zip Code 23234</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.006855</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 7 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 15000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

15621.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

QWEST COMMUNICATIONS

Mailing Address PO BOX 85619

City  
LOUISVILLE

State  
KY

Zip Code  
40285-6169

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006541

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

646.81

B.

Full Name (Last, First, Middle Initial)

QWEST COMMUNICATIONS

Mailing Address PO BOX 85619

City  
LOUISVILLE

State  
KY

Zip Code  
40285-6169

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007041

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

431.96

C.

Full Name (Last, First, Middle Initial)

RECALL TOTAL INFORMATION MANAGEMENT

Mailing Address PO BOX 841693

City  
DALLAS

State  
TX

Zip Code  
75284-1693

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006543

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

363.01

SUBTOTAL of Disbursements This Page (optional) .....

1441.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

RED MAPLE CONSULTING

Mailing Address 6929 CONSERVATION DR

City  
SPRINGFIELD

State  
VA

Zip Code  
22153

Purpose of Disbursement  
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006344

Date of Disbursement

/   /

Amount of Each Disbursement this Period

13750.00

B.

Full Name (Last, First, Middle Initial)

RENAISSANCE HOTELS AND RESORTS

Mailing Address 999 9TH STREET, NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

SCHERING-PLOUGH CORPORATION

Mailing Address 1130 CONNECTICUT AVE  
STE 500

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001675

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1968.50

**SUBTOTAL** of Disbursements This Page (optional) .....

13781.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 320 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SIDNEYS VALET

Mailing Address 725 NORTH SKOKIE HWY

City LAKE BLUFF State IL Zip Code 60044-1116

Purpose of Disbursement  
PARKING SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006545

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

7.66

B.

Full Name (Last, First, Middle Initial)

SPECTRUM WATER COOLERS INC

Mailing Address PO BOX 644006

City CINCINNATI State OH Zip Code 45264-4006

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006842

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

127.88

C.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City FREDERICKSBURG State VA Zip Code 22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006546

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

382.78

SUBTOTAL of Disbursements This Page (optional) ▶

518.32

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 321 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

SPELNA INC

Mailing Address 225 INDUSTRIAL CT

City  
FREDERICKSBURG

State  
VA

Zip Code  
22408

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007043

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

382.78

B.

Full Name (Last, First, Middle Initial)

SPRINT DATA SVCS

Mailing Address PO BOX 219623

City  
KANSAS CITY

State  
MO

Zip Code  
64121-9623

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006547

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

1183.21

C.

Full Name (Last, First, Middle Initial)

STAPLES CREDIT PLAN

Mailing Address 8725 W SAHARA

City  
LAS VEGAS

State  
NV

Zip Code  
89163

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006548

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

144.06

SUBTOTAL of Disbursements This Page (optional) .....

1710.05

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 323 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
SUMMIT OPEN SYSTEMS LLC

Mailing Address PO BOX 841

City ARNOLD State MD Zip Code 21012

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006497

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)  
THE COMPLIANCE CONSULTING COMPANY OF VA LLC

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)  
THE CONGRESSIONAL INSTITUTE

Mailing Address 401 WYTHE ST  
STE 103

City ALEXANDRA State VA Zip Code 22314

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001679

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-471.50

**SUBTOTAL** of Disbursements This Page (optional) .....

15128.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 324 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
THE PILZER GULLICKSON GROUP

Mailing Address 515 5TH STREET, NW  
#304B

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006539

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

50.00

**B.** Full Name (Last, First, Middle Initial)  
THE TROVER SHOP

Mailing Address 221 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001713

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-15.83

**C.** Full Name (Last, First, Middle Initial)  
THIRD DIMENSION STRATEGIES

Mailing Address 116 6TH ST NE  
NO 204

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
FUNDRAISING PHONE CALLS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006496

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

522.88

**SUBTOTAL** of Disbursements This Page (optional) .....

557.05

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 325 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELESState  
CAZip Code  
90099-9208Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006631

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

129715.48

B.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELESState  
CAZip Code  
90099-9208Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007027

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

8499.05

C.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELESState  
CAZip Code  
90099-9208Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007047

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

442.00

SUBTOTAL of Disbursements This Page (optional) .....

138656.53

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 326 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

TRANSAMERICA RETIREMENT SERVICES

Mailing Address PO BOX 30368

City  
LOS ANGELES

State  
CA

Zip Code  
90099-9208

Purpose of Disbursement  
RETIREMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007049

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

9879.39

B.

Full Name (Last, First, Middle Initial)

UNITED ASSET COVERAGE

Mailing Address PO BOX 116934

City  
ATLANTA

State  
GA

Zip Code  
30368

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001676

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-1260.03

C.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIA

State  
PA

Zip Code  
19170-0001

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006494

Date of Disbursement

01 / 16 / 2009

Amount of Each Disbursement this Period

142.83

SUBTOTAL of Disbursements This Page (optional) .....

8762.19

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 327 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

UPS

Mailing Address PO BOX 7247-0244

City  
PHILADELPHIAState  
PAZip Code  
19170-0001Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006834

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

103.11

B.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20220Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007026

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	9

Amount of Each Disbursement this Period

40425.92

C.

Full Name (Last, First, Middle Initial)

US DEPARTMENT OF TREASURY

Mailing Address 1500 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20220Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007105

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

42371.31

SUBTOTAL of Disbursements This Page (optional) .....

82900.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 328 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 2 FEDERAL SQ

City  
NEWARK

State  
NJ

Zip Code  
07102-9998

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006349

Date of Disbursement

01 / 15 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANY

State  
NY

Zip Code  
12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001690

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-320.00

C.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANY

State  
NY

Zip Code  
12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001691

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

-320.00

SUBTOTAL of Disbursements This Page (optional) .....

4360.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 329 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANYState  
NYZip Code  
12288Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001692

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Amount of Each Disbursement this Period

-320.00

B.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANYState  
NYZip Code  
12288Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Amount of Each Disbursement this Period

-320.00

C.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANYState  
NYZip Code  
12288Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001694

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Amount of Each Disbursement this Period

-320.00

SUBTOTAL of Disbursements This Page (optional) .....

-960.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 330 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City ALBANY State NY Zip Code 12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001695

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-320.00

**B.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City ALBANY State NY Zip Code 12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001696

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-320.00

**C.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City ALBANY State NY Zip Code 12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB2199-0.001697

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-320.00

**SUBTOTAL** of Disbursements This Page (optional) .....

-960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 331 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANY

State  
NY

Zip Code  
12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001698

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-320.00

**B.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANY

State  
NY

Zip Code  
12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001703

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-320.00

**C.**

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address 30 OLD KARNER RD

City  
ALBANY

State  
NY

Zip Code  
12288

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB2199-0.001704

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-320.00

**SUBTOTAL** of Disbursements This Page (optional) .....

-960.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 332 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006492

Date of Disbursement

/   /

Amount of Each Disbursement this Period

400.84

B.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006830

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3488.82

C.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address PO BOX 660720

City  
DALLAS

State  
TX

Zip Code  
75266-0720

Purpose of Disbursement  
PHONE SVC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21-0.006831

Date of Disbursement

/   /

Amount of Each Disbursement this Period

408.19

**SUBTOTAL** of Disbursements This Page (optional) .....

4297.85

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 334 / 342

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
VIRGINIA DEPT OF TAXATION

Mailing Address PO BOX 1411

City RICHMOND State VA Zip Code 23212

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.007106

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3678.65

**B.** Full Name (Last, First, Middle Initial)  
VOTER CONSUMER RESEARCH

Mailing Address 325 SAWDUST RD

City THE WOODLANDS State TX Zip Code 77380

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB2199-0.001687

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-8950.00

**C.** Full Name (Last, First, Middle Initial)  
WASHINGTON COURIER

Mailing Address 5520 CHEROKEE AVE  
STE 120

City ALEXANDRIA State VA Zip Code 22312

Purpose of Disbursement  
DELIVERY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21-0.006490

Date of Disbursement

/   /

Amount of Each Disbursement this Period

88.20

**SUBTOTAL** of Disbursements This Page (optional) .....

-5183.15

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 335 / 342

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) WASHINGTON COURIER</p> <p>Mailing Address 5520 CHEROKEE AVE STE 120</p> <p>City ALEXANDRIA State VA Zip Code 22312</p> <p>Purpose of Disbursement DELIVERY</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.006829</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 81.03</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) XEROX CORPORATION</p> <p>Mailing Address PO BOX 827181</p> <p>City PHILADELPHIA State PA Zip Code 19182-7181</p> <p>Purpose of Disbursement EQUIPMENT RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.006488</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 3870.52</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) ZONES</p> <p>Mailing Address PO BOX 34740</p> <p>City SEATTLE State WA Zip Code 98124-1740</p> <p>Purpose of Disbursement EQUIPMENT PURCHASE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21-0.006827</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 24840.34</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

28791.89

**TOTAL** This Period (last page this line number only) .....

1331815.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 336 / 342

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE

Mailing Address 98 EAST AVE REAR BUILDING

City  
NORWALKState  
CTZip Code  
06851Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
CHRISTOPHER SHAYSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23-0.006633

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE

Mailing Address 98 EAST AVE REAR BUILDING

City  
NORWALKState  
CTZip Code  
06851Purpose of Disbursement  
VOID CHECKCandidate Name  
CHRISTOPHER SHAYSCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23-0.006634

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	9

Amount of Each Disbursement this Period

-4000.00

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

0.00



	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 338 / 342

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

WILEY CRITTENDEN

Mailing Address 224 SWANN RD

City  
WASHINGTON

State  
GA

Zip Code  
30673

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.9124

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-500.00

B.

Full Name (Last, First, Middle Initial)

MICHAEL DELL

Mailing Address 3400 TORO CANYON RD

City  
AUSTIN

State  
TX

Zip Code  
78746

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.9117

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

HOWARD GROFF

Mailing Address 1001 CONCHA ST

City  
ALTADENA

State  
CA

Zip Code  
91001

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.9116

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-3300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

-4800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 339 / 342

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

ANN HAGERTY

Mailing Address 26661 LAS ONDAS DR

City  
MISSION VIEJO

State  
CA

Zip Code  
92692

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-0.007032

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

DON HERKLOTZ

Mailing Address 7003 LANCASTER CT

City  
UNIVERSITY PARK

State  
FL

Zip Code  
34201

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A.9121

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-400.00

**C.**

Full Name (Last, First, Middle Initial)

SURESH KHOSLA

Mailing Address PO BOX 270

City  
CROYDON

State  
PA

Zip Code  
19021

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB28A-0.007034

Date of Disbursement

/   /

Amount of Each Disbursement this Period

600.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 340 / 342

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

DULCE MICHELL

Mailing Address 963 SW 122ND AVE

City  
MIAMI

State  
FL

Zip Code  
33184

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.007037

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

CLEM SHULUSKY

Mailing Address 9 DEVITT RD

City  
WATERFORD

State  
NY

Zip Code  
12188

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.9111

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-400.00

C.

Full Name (Last, First, Middle Initial)

JOEL SINGER

Mailing Address 525 S VIRGIL AVE

City  
LOS ANGELES

State  
CA

Zip Code  
60020

Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.9123

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

-400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 341 / 342

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

JOHN C WELLS

Mailing Address 3 REHABILITATION WAY

City  
WOBURN

State  
MA

Zip Code  
01801

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.007048

Date of Disbursement

01 / 30 / 2009

Amount of Each Disbursement this Period

22650.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN RECOVERY SERVICE

Mailing Address 555 ST CHARLES DR  
STE 100

City  
THOUSAND OAKS

State  
CA

Zip Code  
91360

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A-0.006843

Date of Disbursement

01 / 23 / 2009

Amount of Each Disbursement this Period

250.00

CONTRIBUTION ORIGINALLY  
ATTRIBUTED TO EUGENE J.  
CAMBRIDGE ON 7/2/2008

SUBTOTAL of Disbursements This Page (optional) .....

22900.00

TOTAL This Period (last page this line number only) .....

20900.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

AMERICAN ASSOC OF ORTHODONTIST

Mailing Address 401 NORTH LINDBERGH BLVD

City  
ST LOUISState  
MOZip Code  
63141Purpose of Disbursement  
VOID CHECK

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28C.9118

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	9

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional) .....

-5000.00

TOTAL This Period (last page this line number only) .....

-5000.00